

COVID-19 Pandemic Information

Client Disclosure

This patient disclosure form seeks information from you that I must consider before making treatment decisions in the circumstances of the COVID-19 virus.

A weak or compromised immune system can put you at greater risk for contracting COVID-19. An updated health history must be completed before treatment. Please disclose any and all conditions, whether past or current, on your updated health history. It is important to determine if you have any condition that might compromise your immune system.

It is also important that you disclose any indication of having been exposed to COVID-19, or whether you have experienced any signs or symptoms associated with the COVID-19 virus. Some symptoms of COVID-19 can mimic other conditions like allergies and other illnesses. Regardless, if you are experiencing these symptoms, you must report them prior to your arrival. Please answer all the questions below. Please understand that we may ask you to consider rescheduling or postponing treatment based on your health history.

In the last 14 days, have you experienced any of the following:

	YES	NO
Shortness of breath or trouble breathing?		
Do you have a dry or productive cough?		
Do you have a fever or above normal temperature (100.4)? Chills?		
Do you have a runny nose?		
Do you have muscle or joint aches and pain?		
Have you noticed purple, blue or white fingertips or toes?		
Do you currently have a headache?		
Have you recently lost or had a reduction in your sense of smell?		
Do you have a sore throat?		
Are you nauseated? Experiencing diarrhea?		
Have you been in contact with someone who has tested positive for COVID-19?		
Have you tested positive for COVID-19?		
Have you been tested for COVID-19 and are awaiting results?		
Have you done any travel by air, bus or train within the last 14 days?		

When doing activities, exercises or chores, have you experienced any of the following symptoms in the last 14 days:

	YES	NO
Out of breath or coughing during the activity?		
Odd sensations in extremities, hands or feet?		
Nausea?		
Dizziness?		
Easily tired?		
Headache?		
Chest or Muscle Pain?		

Have you tested positive for Covid-19 or had a positive antigen test? YES / NO

If yes, please answer the following questions

Did you feel ill or have any symptoms? If so, what?

Have you had any clotting issues during or since having COVID-19? (please describe)

Did you have any lingering health issues since you were released from quarantine? If so, what?

Are you still experiencing any health issues? If so, what?

Changes to Massage Treatment and Appointment Protocols

COVID-19 has created some difficult challenges in the operation of a massage/manual therapy business. Several changes and new procedures will be in place for your next appointment to lower our risk of exposure.

1. The Covid-19 Data Dashboard for the state will be checked every day to ensure no new large outbreaks of COVID-19 have occurred in King County and that a certain percentage of hospital beds are available (surge capacity). If the surge capacity goes below 20% in King County, I will temporarily close my practice to follow the Governor's Guidelines in Proclamation 20-24.1. You will not be charged for canceled appointments and rescheduling will occur when my practice is able to reopen.
2. Clients with underlying conditions that cause a suppressed immune system cannot receive treatment until further notice.
3. Every client will be required to complete a new health history and COVID Client Disclosure form prior to receiving care. New forms will be emailed to you prior to your appointment so you can take time to fill them out completely. Please bring the forms with you to your next appointment. Do not email because the security of your personal information cannot be assured in electronic form.
4. Our waiting room is closed. Clients should remain in their car until five minutes prior to the appointment time. You can request to be texted as soon as we are ready for your session.
5. You will be required to wear a face mask and sanitize your hands upon arrival. Please bring your own face mask from home. We have a limited number of masks available if you forget yours. Hand sanitizer will be provided. Your face mask will need to be worn the entire time you are within my treatment space. There are no exceptions. If you have difficulty breathing due to the mask, your position will be modified to see if we can alleviate the problem (if prone is a problem, side-lying positioning is an option.) If a position change does not work, we will end the session and charge a prorated amount.
6. Please wear clean clothes and shoes and if possible, take a shower before arriving. Please make every effort to come directly from home to the clinic to reduce the possibility of picking up someone else's germs.
7. During your entire treatment session, I will be wearing a mask, eye protection and scrubs that will be changed or sanitized in between every client.
8. Surfaces and items handled during each session will be cleaned and sanitized between every client.
9. Intra-oral and face massage will be suspended until further notice.
10. While supine (face up) or side-lying, it is recommended that the client wear eye protection.
11. Talking during upper body work (shoulders, arms and neck) while supine should be restricted to treatment feedback.
12. With the additional safety protocols for handling linens, cleaning and changing protective clothing, I will need additional time after every session without anyone being present in my treatment room to ensure proper sanitization. For this reason, I will need to end our visits on time to allow for this transition. Please understand this it is no reflection on my desire to visit with you as we have done it the past.
13. You are required to update me on the status of your health before every appointment. You will need to answer COVID-19 symptom questions before every session until further notice. A new questionnaire may be required as new information is gathered on the COVID-19 virus.

General Information on Covid-19

The final portion of this document provides information I ask you to acknowledge and understand regarding the COVID-19 virus. The COVID-19 virus is a serious and highly contagious disease. The World Health Organization has classified it as a pandemic. You could contract COVID-19 from a variety of sources. I want to ensure you are aware of the additional risks of contracting COVID-19 associated to receiving massage.

COVID-19 is different from the flu and other common illnesses. The COVID-19 virus has a long incubation period. You or I may have the virus, not show symptoms and yet still be highly contagious. Determining who is infected by COVID-19 is challenging and complicated due to the limited availability for virus testing, that infected individuals could be asymptomatic, or symptoms can be similar to other conditions people may experience.

Due to other people being in the building and clinic who I am not screening for COVID-19, there is some elevated risk of you contracting the virus simply by being in the building. While I will be maintaining strict adherence to protocols for Personal Protection Equipment, cleaning and sanitation from the CDC, OSHA and the WA Department of Health, my treatment room is a shared space with other clients. With all precautions followed, there is still risk.

If someone in our clinic tests positive for the coronavirus, we will notify you so that you can take appropriate precautions. If you have tested positive for the coronavirus, please inform us immediately. We may be required by law to notify local health departments that you have been to our office. If we must make a report, we will only provide the minimum information necessary for these requirements.

My goal is to provide a safe environment for massage/manual therapy clients and to advance the safety of our local community. I understand that these new protocols and procedures may seem clinical and cold. I assure you that I will do my best to give you the same friendly, engaged and caring treatment experience you are used to that will also keep us all safe.

If you have questions about anything in this document, please feel free to give me a call or drop me an email so I can provide clarification or discuss issues specific to your situation.

Broehe Karpenko, LMT, CCSP
Rosewater Craniosacral and Massage

Client and Practitioner Agreement

By signing this document, you confirm that you have

1. Answered the COVID-19 questions truthfully or to the best of your ability. You understand that by not answering the COVID-19 questions accurately, you put my health and the health of others at risk.
2. Read the changes to my practice protocols and agree to follow them
3. Read the information about COVID-19.
4. Accept that there is an increased risk of contracting the COVID-19 if you choose to receive massage/ manual therapy treatment from Julie Johnson, LMT.
5. You understand and accept the additional risk of contracting COVID-19 from contact at this office and in this building.
6. You also acknowledge that you could contract the COVID-19 virus from outside this office and unrelated to my visit here.

Your name:

Date

Signature

I, Broehe Karpenko, LMT, CCSP, attest that I have not had COVID-19 symptoms. I will routinely check my temperature on the mornings I will be working. In the event that I have any symptoms for COVID-19, I will cancel my appointments to keep everyone safe. I have not travelled by air, bus, or train in the past 14 days.

LMT Signature

Date
