

**Clients Name:**

**Date:**     /     /2020

**TO BE DISCUSSED, COMPLETED AND RETURNED TO PRACTITIONER PRIOR TO COMMENCING SESSION/AT THE START OF A PROPOSED APPOINTMENT:**

- Y/ N** Does the history indicate the Bowen Session is necessary and valuable at this time?
- Y/ N** Has a thorough history been obtained by email/text/WhatsApp/call so that face to face discussion can be avoided or minimised?
- Y/ N** Does anyone attending/at the clinic:
- Y/ N** Have a high temperature?
  - Y/ N** Have a persistent cough?
  - Y/ N** Have a loss of/change to sense of smell or taste?
- Y/ N** Are you/should you be undergoing self-isolation?
- Are you considered vulnerable to, or require shielding from, COVID-19 as a result of:
- Y/ N** Age over 70
  - Y/ N** Underlying health condition
  - Y/ N** Pregnancy
- Y/ N** Has it been established who will be in attendance during the appointment?
- Y/ N** Has it been explained that others should not attend unless there is a specific need for more assistance
- Y/ N** Has the need for physical distancing and wearing of PPE (gloves/masks etc) been discussed and agreed? (SEE BELOW NOTE AREA FOR CLIENT PREFERENCES)
- Y/ N** Has a strategy been determined that permits maximum physical distancing at all times other than during the hands-on part of the session?
- Y/ N** Have arrangements for parking and raising attention been discussed?
- Y/ N** Have facilities for handwashing/toileting been discussed?

[carolejusticegray@me.com](mailto:carolejusticegray@me.com) or 07535 980007 (WhatsApp text message please)

- Y/ N** Has the importance of minimal handling of items in the clinic been discussed?
- Y/ N** Do you/your client have appropriate means of bagging/containing anything that cannot be sanitised/sterilised if needed at the clinic, e.g. clothing?
- Y/ N** Have you summarised your justification for the appointment on your notes or below?
- Y/ N** Has any other practice/practitioner refused to attend on the basis of a CV19 risk assessment?
- Y/ N** Have you explained that you may refuse to proceed with the session if you feel that it cannot be undertaken safely?
- Y/ N** Are you happy to go ahead with the appointment on the basis of the results of this risk assessment?

<b>NOTES:</b>
<b>PPE:</b>
<b>PRACTITIONER TO WEAR GLOVES Y/ N OR BARE HANDS AND SANITISE &amp; HAND WASH Y/ N</b>
<b>PRACTITIONER WILL WEAR A FACE MASK Y/ N</b>
<b>OR PRACTITIONER TO WEAR FACE MASK ONLY WHEN CLOSER THAN 2 METERS Y/ N</b>
<b>CLIENT AGREED TO WEAR FACE MASK Y/ N (*Subject to comfort and medical needs)</b>
<b>*Comments:</b>
<b>AGREEMENT OF VISIT PLAN/RISKS FOLLOWING THIS RISK ASSESSMENT WITH CLIENT: Y/ N</b>
<b>HOW WAS PLAN AGREED WITH CLIENT? BY EMAIL/PHONE/TEXT/AT START OF APPOINTMENT</b>
<b>ON DATE: / /</b>
<b>SIGNED BY CLIENT (EMAIL SIGNATURE ACCEPTED):</b>