

SESSION CHECK LIST
(AMEND AS REQUIRED)

CLIENT NAME:

DATE:

ACTION	COMMENTS	YES	NO
Emailed practice/session changes			
Pre-session consultation carried out			
Covid-19 screening and signed within 48 hours prior to session and verbally before entering premises			
Client suitable for session?			
Therapist Covid-19 Declaration sent			
Pre-paid if agreed			
Don own PPE			
Collect client from car/greet at door			
Client temperature taken			
Client face mask placed on (supplied or own)			
Client's hands sanitised			
Brought water and pen if required			
Shoes removed			
Client's clothing into container			
Session carried out (no facial massage, preferably prone)			
Session length			
Client re-dresses (keeping on face mask)			
Payment (if not prepaid)			
Clients hands sanitised			
Escort from premises opening and closing all doors			