

At H'art Healing Hub, good hygiene and client safety has always been top of the agenda. In the light of Covid-19, I have ramped up my sanitation and disinfection procedures. I am continuing to monitor the situation closely with advice from my professional organizations: www.fht.org.uk, <https://www.reikifed.co.uk/>, <https://www.cnhc.org.uk/>, <https://www.aor.org.uk/> and will make changes as required or necessary.

At this time, I have implemented the following extra precautions:

- All surfaces that you may touch will be sanitized before and after each client visit – this includes the doorbell, door handles, handrails on stairs, taps, toilet seat, toilet flush, pens, and any therapy equipment used during your treatment. Music equipment and any items handled by the therapist will also be sanitized before and after each client.
- Clients will be asked to wash their hands before and after their treatment, and I will provide antibacterial soap and paper towels for each person.
- Clients will be asked to complete and sign a Covid-19 questionnaire before having their treatment.
- If you think there is a possibility you may have been around, exposed to, or worked with or around anyone who may have, or have had Covid-19 in the last 30 days, please reschedule your appointment and wait out the WHO recommended amount of quarantine time before rescheduling.
- My priority is to protect you, your family, as well as ours, and all other clients that may be entering the premises.

Thank you so much for coming to have treatments with me and I am happy to be of service to you.

Klaudia Walker-Kadar, H'art Healing Hub

August 2021

Coronavirus Questionnaire

If anyone in your household experiences Coronavirus symptoms you must cancel all appointments and put yourself in quarantine for 14 days, as per WHO advice.

Please take a moment to read and circle **YES** or **NO** to the following and let your practitioner know if anything below relates to you before you arrive for your treatment:

- Do you or anyone in your household or under your care, identify with either the shielding or high- risk categories. **Yes No**
- Have you been in contact with someone suffering from Coronavirus or is self-isolating? **Yes No**
- Have you tested positive or had treatment for Coronavirus? **Yes No**
- Have you been following social distancing measures? **Yes No**
- Are you aware of having a high temperature, or feeling unwell? **Yes No**
- Have you tested positive for Coronavirus antibodies? **Yes No**

Recently, have you, or has anyone you are in close contact with had any of the following signs or symptoms associated with Coronavirus. Please tick any that apply:

High temperature Muscle ache Runny nose Chest pain Chills

Sore throat Wheezing Headache Abdominal pain Diarrhea Skin rash

More tired than usual Persistent dry cough Shortness of breath

Nausea/vomiting Loss of smell and taste

Long-term chesty cough producing mucus

By signing below, you confirm all the information you have provided is correct. This information will remain confidential.

Signature _____

Name: _____ Date: _____