



94 Valley Road # 2A, Montclair, NJ 07042
223 Route 18 South # 205, East Brunswick, NJ 08816

973-744-1576
smartmassagegroup@gmail.com

Client Name: _____

Date: _____

This document contains important information about your decision to receive services in light of the COVID-19 public health crisis. Please read and fill out this form carefully and let me know if you have any questions.

COVID-19 Information

Please answer these COVID-19 health questions below:

- 1) Have you been tested for COVID-19? Yes No If YES, what type of test did you have? _____
When were you tested? _____ What was the result? _____
- 2) Please check if you are experiencing any of the following as a NEW PATTERN since the beginning of the pandemic:
 _____ Fever _____ Chills _____ Cough _____ Sore throat _____ Shortness of breath _____ Nasal, runny nose, sinus congestion
 _____ Chest pressure _____ Loss of sense of taste or smell _____ Diarrhea, digestive upset, vomiting _____ Fatigue _____ Headache
 _____ Sudden onset of muscle soreness (not related to a specific activity) _____ Rash or skin lesions (especially on the feet)
- 3) Have you had a fever in the last 24 hours of 100.4°F or above? Yes No
- 4) Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or had coronavirus, flu-like type symptoms? Yes No
- 5) Have you been asked to self-isolate or quarantine by a doctor or a local public health official in the last 14 days? Yes No
- 6) Have you traveled anywhere outside of the state in the last 14 days? Yes No Location: _____
- 7) Have you done any air travel - domestic or international in the last 14 days? Yes No Location: _____
- 8) Have you been in places with a high infection rate, where people have not been isolating (no stay at home order), or been in any groups of people - large or small - where social distancing was not observed within the last 14 days (e.g., nursing homes, protests, designated "hotspots")? Yes No If yes, please explain. _____
- 9) What precautions have you taken to limit your exposure to the virus? _____
- 10) Do you spend time around anyone considered high-risk, such as elderly with co-morbidities or immuno-compromised family members? Yes No

The following questions are specific to a new aspect of COVID-19 involving blood coagulation.

- 11) Can you exercise to get your heart rate and respiratory rate up without any problem? Yes No
- 12) Have you had a new onset of muscle aches and pain since the emergence of the virus? Yes No
- 13) Have you seen any new marks, rashes, spots, bumps, or other lesions on your skin? Yes No

I declare that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____



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COVID- 19 Cancellation Policy

Client Name: _____ Date: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

Amid the ongoing uncertainty of COVID-19, we have modified our cancellation policy to offer greater flexibility to all our clients. We hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, we understand and request you to please contact us as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time.

Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time for your appointment arriving 15 minutes before your scheduled appointment to

Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

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Consent for Treatment

Client Name: _____ Date: _____

To proceed with receiving care, I confirm and understand the following (Please initial in all places provided):

I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious. _____ **INITIAL HERE**

I understand that I am the decision-maker for my health care. To the best of their ability, my practitioner will provide me with information to assist me in making informed choices. This process is often referred to as "informed consent" and involves my understanding and agreement regarding recommended care, and the benefits and risks associated with the provision of healthcare during a pandemic. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult. _____ **INITIAL HERE**

I understand that preventative measures and intensified sanitation protocols intended to reduce the spread of COVID-19 have been implemented. However, because this work involves close physical proximity over an extended period in a closed space, there may be an elevated risk of disease transmission, including COVID-19. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at your offices to proceed with providing care. _____ **INITIAL HERE**

I understand that my name and contact information might be shared with the state and local health departments if a client or practitioner at this facility tests positive for COVID-19. My contact details will only be shared in the event they are relevant based on suspected exposure date and only for appropriate follow-up by the health department. _____ **INITIAL HERE**

I have been offered a copy of this consent form. _____ **INITIAL HERE**

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

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Protocols for the client when arriving at the office and in-office sessions

As per our state guidelines as well as recommendations from the CDC and our national massage organizations, we have adopted the following protocols for in-office appointments:

- Clients should arrive at their appointment 15 minutes early. Please call or text 973-744-1576 to let me know that you have arrived. All intake appointment interviews and COVID-19 screening will take place over the phone. The CDC suggests that COVID-19 infected respiratory droplets can be dispersed when people talk. For this reason, talking is limited to communication about pressure, warmth, and comfort while in the enclosed space of the session room.
- Clients are required to wear a mask when entering the building and throughout their massage session.
- Clients are asked to strictly use the building restroom within our suite which is completely disinfected between sessions.
- Clients will be asked to remove shoes before entering the office suite and wash hands in the bathroom immediately before entering the treatment room. If the client arrives wearing medical gloves, I will request that they dispose of these gloves before entry, as the gloves may be contaminated.
- Upon entry, the client’s temperature will be taken with a no-contact thermometer. If a client has a temperature above 100.4°F, or if they have developed cold or flu-like symptoms or other symptoms suggesting illness since the pre-session phone call, they will be asked to reschedule their massage session. It is suggested that they call their primary care provider for consultation. No cancellation fee or penalty will be incurred.
- Clients are required to wear a facemask during the entire session. While face down on the table, if they are comfortable, clients may remove masks while using the newly adapted face cradle setup to catch respiratory droplets. If this is uncomfortable or unacceptable for the client, side-lying or supine positioning will be used while wearing a mask.
- If the client doesn’t arrive with an acceptable face mask, I will provide the client with a disposable face mask and instruct them in proper use. The client should sanitize their hands before putting on their mask.
- Friends and family of the client are not allowed to wait in the building while the client receives massage, unless they are that client’s legal guardian. Masks must be worn while waiting and their temperature will be recorded.
- Hand sanitizer is available for use when leaving the office and building.

AFTER YOUR SESSION

- For 14 days following your session, clients should share with the office if they have developed any cold or flu-like symptoms or tested positive for COVID-19.
- Massage therapists are not authorized to share the health data of their clients without the client’s written consent with the exception of the client’s name and contact information when contacted by the public health department. However, should a client develop symptoms of COVID-19 within two weeks of a session, the office may contact the local health department for consultation and guidance.
- Please consult our website at smartmassagegroup.com for changes or updates to these policies.

Signature: _____ Date: _____

Parent or Guardian Signature (in case of a minor): _____ Date: _____