



Client Information and Health Questionnaire

The Clinic is required to collect from clients the information in this form to comply with government rules.

Thank you for your understanding. Contents are kept confidentially.

PLEASE USE BLOCK LETTERS IN ALL FORM FIELDS

Client Name

Client Address

Client Phone Number

Client Email Address

Tick if you would prefer not to receive 'marketing' emails from Julia at the Clinic

The Clinic checked my temperature on arrival. I sanitised my hands on entry.

I note that the Clinic recommends that I make use of the Australian Government's COVID-19 tracing app.

Please indicate YES or NO to the following:

Have you or anyone in your family travelled overseas in the last 14 days?

Have you or someone in your household had personal contact with anyone who has travelled overseas in the last 14 days who is showing symptoms of COVID-19?

Is there anyone living at your house who is under self-isolation?

Have you or someone in your household had contact with anyone suspected or confirmed to have COVID-19 in the last 14 days?

Are you or someone in your household currently unwell, including mild illness? E.g. fever, cough, sore throat, flu-like symptoms, nausea.

THIS IS THE END OF THE FORM. THANK YOU.