

Client: _____ Date: _____

**California Massage Therapy Council
COVID-19 Intake Questions – July 2021**

As massage therapy “reopens” in California, the current COVID-19 pandemic underscores the importance of a proper client intake in identifying possible pathologies. CAMTC encourages Certificate Holders to include the below questions as part of their regular client intake process. These questions are meant to help therapists:

1. Assess and minimize the risk of spreading COVID-19 by identifying potentially communicable clients, and
2. Best serve COVID-19 survivors who may suffer from a wide variety of complications including, but not limited to, blood clotting, renal failure, arrhythmia, seizures, chronic headaches, fatigue, and muscle damage.

**COVID-19
Intake Questions**

- 1a. Have you been tested for COVID-19? If so, when? What was the result?
- 1b. Have you been vaccinated for COVID-19?

2. In the last 14 days:
 - a. Have you been in contact with anyone who has been diagnosed with COVID-19 or has had coronavirus-type symptoms? Y N
 - b. Have you been asked to self-isolate or quarantine by a doctor or local public health official? Y N
 - c. Have you been somewhere with a high infection rate? Y N

3. Do you now, or have you recently experienced, any of the following as a NEW PATTERN since the beginning of the pandemic: (Please circle all that apply.)

a. Fever	i. Diarrhea, digestive upset
b. Chills	j. Skin marks, lesions, or rashes (especially on the feet)
c. Shortness of Breath	k. Fatigue
d. Cough	l. Sudden onset of muscle soreness (not related to a specific activity)
e. Sore Throat	m. Discomfort with exertion or exercise
f. Nasal, sinus congestion	
g. Loss of sense of taste or smell	
h. Persistent Chest Pain or Pressure	

4. If you tested positive for COVID-19 or believe you may have had COVID-19, but were not tested:
 - a. Has your medical doctor cleared you to return to work or to end self-isolation? Y N
 - b. Has your medical doctor advised you to return to normal activity levels? Y N
 - c. Describe your daily physical activity? Y N
 - d. Are you taking any drugs to manage blood clotting? Y N
 - e. What other long-term, post-infection complications continue to affect your life? Y N