

Practitioner/Clinic Name: ALFONSO OLGUIN

## Screening Questionnaire

Contact Information: 707-363-9298

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### Client Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred form of communication: \_\_\_\_\_

### Message Information

How did you hear about me? (referral, Facebook, etc.) \_\_\_\_\_

Is this a gift certificate? Yes  No

### Message history:

Have you had a massage/bodywork before? Yes  No

Frequency: \_\_\_\_\_

Types of massage/bodywork received: \_\_\_\_\_

Preferred types of massage: \_\_\_\_\_

Reasons for seeking massage? (relaxation, injury, etc.)

\_\_\_\_\_  
Description of injury/health condition:

\_\_\_\_\_  
Possible complications/medications:

\_\_\_\_\_  
Expected outcomes (functional improvement, symptom relief, wellness):

\_\_\_\_\_  
Typical activities of daily living (affected by condition?):

\_\_\_\_\_  
Occupation (affected by condition?):

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### COVID-19 Related Questions

## Screening Questionnaire

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1. Have you had a fever in the last 24 hours of 100°F or above? Yes  No
2. Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? Yes  No
3. Do you now, or have you recently had, any chills, muscle aches, new loss of taste or smell, or new rashes or lesions? Yes  No
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has coronavirus-type symptoms? Yes  No

Do you have special needs I should prepare for:

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Do you have any questions or concerns:

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*“I understand that close contact with people increases the risk of infection from COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.”*

*“I understand that my name and contact information might be shared with the state health department in the event that 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.”*

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Client Signature

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Date