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ACORN Acupuncture Clinics

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**COVID-19 – Information and Consent**

**NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DOCTOR** \_\_\_\_\_

**REASON FOR VISIT**

\_\_\_\_\_

**REFERRED BY**

\_\_\_\_\_

Our priority at Acorn Acupuncture is always to ensure the health and safety of all our patients & acupuncturists.

As the COVID-19 pandemic is stabilizing and the risk of COVID-19 infection is decreasing, Acupuncture, Herbal medicine consults and other close contact treatments have recommenced in line with national regulations.

Vigilance and measured steps are being taken for safe practice and to minimize the risks related to COVID-19.

All patients planning to receive treatment at Acorn Acupuncture are being asked to complete this questionnaire beforehand.

All patients with a previous confirmed COVID-19 infection should present medical evidence of clearance.

In order to reduce risk of droplet infection spread, we are all using light weight surgical face masks during each treatment.

You are invited to bring your own if possible, otherwise we will provide you with one.

Please take your temperature on the day of your treatment and if it is raised please make contact before making your journey to your acupuncture appointment.

We ask that on arrival you arrive on the exact time, as no facility to wait in waiting room is in operation.

On arrival and before leaving the clinic, you will be given the opportunity to wash your hands. It is optional for you to use gloves.

### Questionnaire

Have you been sick in the last two weeks?	Y	/	N
Do you have fever ( 37.5 C or above)?	Y	/	N
Do you have a cough (this can be any kind of cough)?	Y	/	N
Do you have shortness of breath?	Y	/	N
Do you have a sore throat?	Y	/	N
Have you been in contact with somebody who has any of these symptoms?	Y	/	N
Do you work in a hospital/nursing home or healthcare facility?	Y	/	N
Have you been in contact with somebody who has been diagnosed with COVID-19?	Y	/	N
Have you ever been diagnosed with COVID-19?	Y	/	N
Do you have a severe medical condition such as heart disease, lung disease, diabetes, cancer, cerebrovascular disease, renal disease, liver disease or high or low blood pressure?	Y	/	N
Are you taking medications which may suppress or alter your immune (eg steroids, chemotherapy)?	Y	/	N

### CONSENT

I confirm that I have answered the above COVID-19 questionnaire truthfully with the best of my knowledge.

I understand that Acorn Acupuncture is taking reasonable measures to reduce the impact of transmission of COVID-19, but that undertaking treatment will affect my ability to maintain social distancing and I accept the risks of this.

I consent to inform Acorn Acupuncture clinic immediately (by phone, or email), if during treatment I become aware of any new information increasing the risk of COVID-19 infection (ie new symptoms, or being in close contact with someone who has COVID-19 etc)

***Please sign below to confirm that you have read and understood the above consents and wish to proceed with acupuncture treatment. Returning this form via email is acknowledged as a signed document, confirming that the information contained is true and accurate.***

Patient Signature: (type or sign here) \_\_\_\_\_

Date: (type or sign here) \_\_\_\_\_