

**Individual Risk Assessment of Face to Face Session**

Name of Client:	
Date of Assessment:	
Client Specific Considerations:	

Has therapist been exposed or had risk of exposure to COVID?	YES	NO
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- The therapist is not aware of being exposed to COVID.
- The therapist has maintained social distancing when out in public e.g. when shopping which has been once per week for less than an hour at a time.
- The therapist has not knowingly increased this risk or put themselves at any risk.


Has client been exposed or had risk of exposure to COVID?		
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If yes, give details:
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- Does the therapist have any symptoms which are known to be associated with COVID however minor?
- The therapist does not and has not had any of the various symptoms associated with COVID 19.
- Does the client have any symptoms which are known to be associated with COVID however minor?


Give details if relevant:

Does the client have an underlying health condition which could increase their vulnerability to contracting COVID 19 e.g. are they classed as a vulnerable party or are they shielding?

If yes, please give details:

Agreement to undertake the risk, to be agreed by the therapist and the client.

*After consideration of the risk assessment outcome both parties are prepared to take the risks associated with face to face session provision for this client.*

Signed:

(therapist)

Signed:

(client)

### **Agreed outcome and approach**

The information contained above sets out the information provided to the client before their agreed commitment to face to face therapy sessions. It also contains information provided by the client to the therapist. Both therapist and client have considered the information, and each have made the decision to proceed with face to face sessions.

Both parties have committed to report any occurrences or new information which comes to light during the time of face to face sessions which could increase the risk of infection, at which point a further risk review will be carried out.