

CHECK LIST FOR CLIENT ARRIVAL IN CLINIC

DATE:

CLIENT NAME:

ACTION	COMMENTS	YES	NO
Confirm email with what to expect			
30-minute gap from previous client			
No symptoms			
Pre-paid			
Consultation complete			
Decision made to massage or not			
Consent forms signed			
Brought own pen & water			
All external areas cleaned			
Practice space cleaned			
Treatment room ventilated			
New linens & couch roll			
Wearing clean clothes			
Fresh PPE			
Client clothes container ready			