

# CORONAVIRUS

HIGH TEMPERATURE  
OR NEW CONTINUOUS COUGH  
OR LOSS OF TASTE OR SMELL?



## KEEPING US SAFE

- Do you currently have a suspected or diagnosed case of Covid-19?
- Do you currently have any symptoms of Covid-19?
- Have you been exposed to anyone with suspected or diagnosed Covid-19 in the last 14-21 days? (please ask the receptionist if you are unsure what this means)
- Have you returned from overseas in the last 14 days from a country not on the Government's Exempt List?

YES

**PLEASE LEAVE THE CLINIC AS WE ARE UNABLE TO TREAT YOU**

We will contact you to re-arrange your appointment and your chiropractor can provide telephone advice and self-care if needed.

NO

I confirm the answer to ALL the questions above is No.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## KEEPING YOU SAFE

Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

PPE

SECURE WORKPLACE

CLEAN

- Chiropractor's PPE: Apron, Gloves, Masks & Eye protection
- Risk assessed, Social distancing, Infection control, Controlled entry to clinic, Screening all patients for Covid symptoms
- Treatment room disinfected after every patient, Hand washing & sanitising facilities, Strict hygiene & Infection Control procedures

## CONSENT

Chiropractic Plus is following guidance by Government and the professional bodies regarding Coronavirus prevention but there may be a risk of infection involved with face to face treatment. Alternative (telehealth) options are available.

If you are unsure, or would like to check, please ask

- Have you been identified as: Extremely Vulnerable ("Shielding") No  Yes
- Have you been identified as: Clinically Vulnerable (eg over 70)? No  Yes

### Patient consent to receive care

- I understand that there is a risk of transmission of Coronavirus (COVID-19) as a result of attending the clinic and/or receiving treatment. I am aware other options are available (telehealth).
- I am aware that if I am Extremely or Clinically Vulnerable I am regarded as having a higher risk.
- I understand that Chiropractic Plus cannot accept responsibility for transmission of the Coronavirus (COVID-19) should I become infected.
- I have had the chance to ask all the questions I wish to at this time.
- I understand my contact details (name and tel. number) may be passed on if requested by NHS Track & Trace.

By signing below, I consent that I have read, agreed to, and understood the statements above and consent to receive care at Chiropractic Plus with the highlighted risks.

Patient signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ C+ Ref (HP) No \_\_\_\_\_