# PATIENT INFORMATION AND CONSENT FORM

**Risk of Coronavirus (COVID-19) Transmission at [Insert Practice Name]**

**Please read this form, discuss with your chiropractor if necessary and sign where indicated.**

**\*This Form is in addition to consent form for chiropractic examination and treatment\***

The Government's Statutory Instrument (updated 6th January 2021), ***no. 350: ‘The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020’***, confirms that it is lawful for a chiropractic practice to remain open during national lockdowns as well as in all of the tiered restrictions. It further defines those people who are classed as ‘vulnerable’.

In accordance with up-to-date Government and Public Health England guidance, [Insert Practice Name] has taken precautions to protect our patients and team members.  These include rigorous sanitisation procedures.  **We also request that any symptomatic patients follow NHS guidance on self-isolation and refrain from visiting the practice at this time.**  Despite this, there is a risk of transmission of the Coronavirus (COVID-19) and it is important that you are aware of the risk.

## PRECAUTIONS THAT [INSERT PRACTICE NAME] HAS IN PLACE:

* **All patients contacting us for an appointment are triaged by a member of our team  to establish their status (asymptomatic / symptomatic / self-isolating / living with someone symptomatic / have been in contact with anyone symptomatic).**
* **Only people in the asymptomatic category can attend the practice.**
* **A second triage is conducted at the practice by a team member.**
* **A strict cleaning, sanitation and infection control protocol is adhered to.**
* **All team members at [Insert Practice Name] follow government social distancing guidance where possible.**
* **Practice layout has been adapted to maintain social distancing between patients and all team members where possible.**

## Clinically Extremely Vulnerable (CEV)

The government published guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19. They are advising that you may attend essential health appointments, of which your treatment at [Insert Practice Name] may be considered as essential.

You may wish to inform your chiropractor prior to your appointment that you are among the CEV group so that any additional precautionary measures may be considered.

*For more information about the guidance please visit:* [https://www.gov.uk/government/publications/‌guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19](https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19)

## CHAPERONES AND DEPENDANTS

Where possible, it is best to avoid bringing along friends and family to your appointments.

If you do require a chaperone to be present at your appointment, you are required to ensure that they understand and consent to the potential risk of transmission of Coronavirus (COVID-19) as a result of attending the practice with you.

If it is necessary to bring along any dependants to your appointment you are required to ensure that they / you (as their parent, legal guardian or carer) understand and consent to the potential risk of transmission of Coronavirus (COVID-19) as a result of attending the practice with you.

It is also necessary to ensure that any chaperons or dependants attending the practice are not experiencing symptoms of coronavirus (COVID-19).

## CONSENT TO RECEIVE CARE AT [INSERT PRACTICE NAME]

* I have answered all questions (triage) relating to my potential exposure to Coronavirus (COVID-19) truthfully; specifically, I am not currently symptomatic, nor am I self-isolating, nor am I living with anyone who is symptomatic, nor have I been in contact with anyone who has or is suspected of having Coronavirus (COVID-19).
* I understand that I must consider my potential exposure to Coronavirus (COVID-19) for every subsequent appointment for the duration of the Coronavirus (COVID-19) pandemic.
* I understand that I must consider any chaperones’/dependants’ potential exposure to Coronavirus (COVID-19) for every appointment that they attend for the duration of the Coronavirus (COVID-19) pandemic.
* I understand that there is a potential risk of transmission of Coronavirus (COVID-19) as a result of attending the practice and/or receiving treatment and that I must consider these risks for subsequent appointments for the duration of the Coronavirus (COVID-19) pandemic.
* I will ensure that any chaperones/dependants understand/consent that there is a potential risk of transmission of Coronavirus (COVID-19) as a result of attending the practice and that these risks must be considered for any appointments that they attend for the duration of the Coronavirus (COVID-19) pandemic.
* I have had the opportunity to ask all the questions I wish to, and all my questions have been answered to my satisfaction.
* I have read, agreed to and understood the statements above relating to Coronavirus (COVID-19) risk and consent to receive care at [Insert Practice Name].
* I understand and agree that I will need to give separate consent regarding my chiropractic care.

Patient’s name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_