

Patient Information and Consent form for face-to-face treatment during Covid-19 situation

I, Julie Lomax, am adhering to all legal, regulatory and professional responsibilities as set out by the CSP (Chartered Society of Physiotherapy) and the HCPC (Healthcare and Professions Council) in relation to face-to-face contact with clients during the Covid-19 situation.

The following information is to ensure that you are fully aware of the steps that I am taking to, as far as possible, reduce the risk of Covid-19 infection to yourself, myself and others who we may come into contact with. Your signature is required below to demonstrate that you have been informed of all risks and the precautions taken and that based on this information you are happy to proceed with a face-to-face appointment.

Despite the extra precautions that I am taking, the risk of Covid-19 transmission cannot be eliminated. ALL clients should consider their need for face-to-face treatment carefully before requesting it. It is my right as a clinician to not offer face-to-face appointments if I deem that the risk to either yourself or myself is too great.

Checklist - this must be completed over the phone or via email prior to any face-to-face appointment taking place, please circle Y / N as appropriate:

Have you had a confirmed episode of Covid-19?	Y / N
Has anybody in your household or who you have come into close contact (less than two metres) with for more than fifteen minutes within the last two weeks displayed Covid-19 symptoms?	Y / N
Have you had any symptoms (dry cough, fever, loss of taste/smell, other) of Covid-19 anytime in the last two weeks?	Y / N
Are you in a vulnerable/shielding group in relation to Covid-19?	Y / N
Have you confirmed and agreed with Julie Lomax that a face-to-face appointment is required?	Y / N
Have you been informed of the risks associated with face-to-face appointments?	Y / N
Have you been informed of and are you understanding of the precautionary measures put in place (see the 'Covid-19: Precautions, Policies & Procedures document) within the clinic and building to reduce risk of transmission of Covid-19?	Y / N

(Continued on next page)

The following information is required:

Your name in full: _____

Your date of birth: _____

Your email address: _____

Your telephone number: _____

I have read the above summary, I am aware of the risks associated with Covid-19 transmission and I am consenting to 'Face-to-Face' treatment.

Your signature: _____