

Patient Information and Consent for Face-Face treatment during COVID pandemic 2020

It is important that you are aware of the changes we have made to make the clinic as safe as possible. By agreeing to face to face contact it is not always possible to maintain a 2 metre distance.

Standard Operating Policy

- Virtual consultations made available to patients.
- Telephone risk factor screening of patients prior to offering a face to face appointment.
- Greater time between patients to allow for cleaning of consulting rooms
- Reduced usage of the waiting room by asking patients to wait outside of the clinic until their appointment time.
- Your temperature will be taken on entering the reception area
- Protective screens around Reception.
- Less clinicians in the clinic and therefore less patient 'footfall'.
- PPE worn by clinicians whilst working.
- You will be asked to wear a mask/ face covering
- Increased signage on social distancing
- Sanitisation stations located around the clinic
- One in and One out policy to minimise patient numbers in the clinic.
- Increased frequency of cleaning
- It is important to acknowledge that the risk of COVID-19 transmission cannot be eliminated and that ALL patients should consider their NEED for treatment very carefully before requesting 'Face-to Face' contact.

Medical checklist (This must be completed before agreement to undertake face-to-face appointment)

Have you had a confirmed episode or have you been tested for COVID-19?

YES NO

Has anybody in your household displayed COVID-19 symptoms within the past 14 days?

YES NO

Have you had a cough, fever or loss of sense of smell or taste in the last 14 days?

YES NO

Have you been in contact with anyone displaying signs of Covid-19 in last 14 days?

YES NO

Are you considered to be in a vulnerable group in relation to COVID -19?

YES NO

Do you have a compromised immune system?

YES NO

Do you have a compromised respiratory system or breathing problems ?

YES NO

Have you travelled abroad in the last 14 days?

YES NO

I have agreed with my Physiotherapy Team that a virtual appointment is not indicated?

YES NO

I have been informed of the risks associated with Face-to-face treatment with your Physiotherapist?

YES NO

I have been informed of the safety measures put in place within the clinic to address the risks of COVID-19

YES NO

I understand the cleaning processes in place in treatment areas

YES NO

I understand the procedure for attending the clinic for a face to face appointment

YES NO

I understand my details may be shared for Covid contact , track and trace purposes

YES NO

Patient Signature

Date

Patient Full Name

Therapist Signature