

Your Details

Full Name:		Date of Birth:	
Home address:			
Home tel:		Work tel:	
Mobile:		Email:	

Explanation of Physiotherapy Services during the Coronavirus Crisis

Your physiotherapist completed a Clinical Triage and Risk Assessment, which helped them determine that your condition warrants a face to face consultation, despite the risk of coronavirus infection. Face to face consultations will not be offered for routine physiotherapy treatment in the current climate, and all precautions to prevent and control the risk of infection must be observed for this consultation to take place.

Your consultation will be with a qualified physiotherapist. It will include detailed discussion about your condition and a physical examination that may require the physiotherapist to touch you or be close to you; it may be necessary to remove articles of clothing to allow examination. If you experience discomfort during the examination, please report this to your physiotherapist, they will not ask you to perform any task which is not appropriate for, or relevant to, your injury/condition.

The physiotherapist will be wearing personal protective garments and equipment during the consultation and will maintain a minimum 2m distance from you, unless closer contact or observation is required for short periods of time. Please ensure that you maintain this distance yourself during the consultation. You will be asked to wear a face covering during the consultation which will be provided by us.

Following your assessment, a course of treatment may be recommended, which may be provided virtually by telephone or video calling. Your physiotherapist will discuss and agree treatment plans with you; these will always include self-management strategies, and exercises for you to do at home on a regular basis.

Because of the risk of coronavirus infection, it is important that we make you aware that there is an increased risk of coronavirus infection if you choose to attend a face to face consultation, despite all precautions being taken.

Please ask your physiotherapist before signing this form if you have any questions about this information.

Your declaration and signature

- I confirm I have read and understand the content of this consent form, **including that there is a risk of coronavirus infection in attending a face to face consultation;**
- I confirm that I am **willing to accept that risk and any consequences thereof;**
- I agree to undertake a face to face assessment **despite this risk.**

Patient Signature:		Date:	
Print name:			

Chaperones, please read: If you have chosen to accompany your friend or relative to their face to face appointment and choose to remain with that person during the consultation, you are also at increased risk of coronavirus infection. You must maintain a 2m distance from the physiotherapist (and the patient if they are not a member of your household) and may be required to wear a face covering during the consultation. If you do not wish to comply with the infection prevention and control requirements, or do not wish to accept the risk of infection, please do not remain in the clinic.

If you have any questions, please ask the physiotherapist before signing this form.

COVID-19 RISK CONSENT FORM



Leyland
Physiotherapy

Chaperone declaration and signature:

- I understand that by choosing to accompany the person name above **there is a risk of coronavirus infection to me**;
- I confirm that I am **willing to accept that risk and any consequences thereof**;
- I confirm that I will accompany the stated person **despite this risk**.

Pursuant to the provisions of the General Data Protection Regulation and Data Protection Act 2018, I hereby:

- I understand that:
 - my personal information will be stored for a period of one month from my last visit;
 - my personal information will only be shared in the interests of public health or to protect another person's vital interests;
 - my personal information will only be used to contact me should there be a probable or confirmed case of coronavirus to which I may have been exposed;

Chaperone/Relative Signature:		Date:	
Print Name:			
Contact Telephone number: <i>For contact tracing purposes only</i>			

Physiotherapist Signature:		Date:	
Print Name:			