

Coronavirus (Covid-19) Checklist and Consent form

To have a face to face consultation and/or treatment at Hereford Chiropractic Clinic we ask you to complete the following questions by circling either

YES or NO

1. I agree to be screened to ascertain whether I meet the case definition for a 'possible' or 'confirmed' case of COVID-19 before any care episode.

I. Have you had a positive corona virus diagnosis?

YES NO

II. Have you had contact in the last 7 days with a positive case?

YES NO

III. Do you currently have any of the following symptoms; high temperature, a persistent cough, shortness of breath, fatigue, loss of smell or taste?

YES NO

You will NOT be treated at this time if these cannot be established!

2. Have you received a letter advising you to shield for medical reasons or are you in any of the following risk groups?

i. Diabetes, cardiovascular disease, chronic respiratory disease, hypertension

ii. Over 70

iii. Pregnant

YES NO

3 I agree to wash or sanitise my hands on entering and leaving the clinic.

To reduce footfall and possible contamination, the Hereford Chiropractic Clinic has identified the following measures to limit exposure to the virus:

- Patients are asked not to bring guests with them to their appointment unless this is essential; such as a responsible carer.
- **Patients are asked to wear a face covering whilst attending the clinic.**
- We advise you to wear loose fitting clothing to allow access to the sore area.
- Please note that the changing rooms and patient toilets are out of bounds currently.
- Payment is via contactless/card payment.
- Patients are encouraged not to arrive too early or late for their appointment to limit the number of people in the clinic at any one time.

The Chiropractor will be wearing a mask, plastic apron and a new pair of gloves to treat the area of complaint.

Consent to treatment:

I agree that I will inform the clinic if I later develop symptoms and agree to self isolate and agree to the test and trace process. While every effort will be made by the clinic to avoid exposure to the Covid 19 virus, I understand that this cannot be ruled out completely.

Signature..... Print name..... Date.....