



COVID 19 FACE TO FACE CONSENT FORM .

DATE:

FORENAME :

SURNAME :

ADDRESS

POSTCODE:

TELEPHONE:

EMAIL ADDRESS:

FACTS ABOUT COVID 19 :The common signs of infection include respiratory symptoms, fever, cough, shortness of breath , breathing difficulties and loss of taste and smell .In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome , kidney failure and even death although this is in a small percentage of the population .

The spread of COVID-19 between humans is by droplet transmission when the sick person coughs , sneezes or talks closely to another person.

COVID-19 can be spread by touching contaminated surfaces or objects, and then touching eyes, nose or mouth. Studies suggest that coronaviruses may remain on surfaces for a few hours or up to several days.

I acknowledge that I am aware of COVID-19 and I understand it has a long incubation period and carriers may therefore not exhibit any symptoms while remaining contagious . I understand that , at the current time, it is not possible to identify and differentiate those who are carrying the virus and those who are not .

Currently, or in the last 14 days, have you experienced any of the following symptoms ?

Fever (temperature higher than 37.8°C)
New or worsening persistent cough
New or worsening shortness of breath or difficulty breathing
New loss of the sense of taste and/or smell (anosmia)
New or worsening chills, body aches, headaches and/or sore throat
Gastrointestinal upset (diarrhea and/or vomiting)
Skin rash

Have you been advised you should currently be self-isolating?

In the past 14 days, have you been in close, unprotected contact with a confirmed or probable case of coronavirus infection?

People at high risk from coronavirus include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

Is you or anyone in your household at high risk (clinically extremely vulnerable) from coronavirus? *

- Myself
- Household Member
- No
- Other:

Risk Screening .

The following questions will determine if you or someone close to you is at a higher (moderate) risk from coronavirus and advised to take extra steps to protect yourself.

You must answer these questions accurately and to the best of your knowledge. If you do not, you could be putting others at risk and they could die.

By answering “yes” to any of the following questions whilst ,during the virtual consultation, the physiotherapist will carry out a clinical risk assessment and you still may be offered a face to face treatment . This clinical risk assessment will determine whether your clinical need for face-to-face treatment outweighs the risk of infection to you, or to the therapist. If the clinical need is less than the risk of infection, then you will not be offered a face-to-face appointment at this time. You will be offered a virtual appointment as an alternative, or you may choose to wait until the Coronavirus Alert Level is lowered, when the risk of infection is lower and face to face treatment may become available. Whilst on hold, you can contact us again if there has been a significant deterioration in your injury symptoms.

People at moderate risk from coronavirus include people who:

- are 70 or older
- are pregnant
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease

- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)

Is you or anyone in your household at moderate risk (clinically vulnerable) from coronavirus? *

Myself
Household Member
No
Other

In the past 14 days, have you or anyone in your household travelled to, or returned from, a country outside of the United Kingdom? *

In the past 14 days, have anyone in your household been in close, unprotected contact with a confirmed or probable case of coronavirus infection? *

Yes
No
Maybe
Other

PLEASE BE AWARE THAT THERE ARE OTHER THINGS THAT CAN AFFECT YOUR RISK BELOW IS THE LINK TO NHS WEBSITE PLEASE READ:

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

I knowingly and willingly have elected to undertake a face to face physiotherapy session at Getfitphysio Ltd clinic during the COVID-19 Pandemic.

I confirm that I have been aware of the guidelines that all patients should be offered or already had a Virtual session online. I have jointly decided with the physiotherapist that my condition would benefit from a face to face session. My problem is one that carries significant pain or limitations in function, and cannot be assessed online.

I am happy that Getfitphysio Ltd have taken all the necessary steps to ensure my safety and reduce the risk of COVID-19 . I confirm that I too have taken the necessary steps to reduce the risk of catching COVID-19..

I confirm that I will immediately notify Getfitphysio Ltd if I feel unwell prior to or after the appointment

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

CONSENT AND SIGNATURE :

- I confirm I have answered the above questions to the best of my knowledge .
- I agree to being contacted by NHS Test and Trace in the event that I should be told that I have been in contact with a suspected infected covid -19 person.
- 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 despite all precautions being taken .**
- 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.

You agree to the physiotherapist taking your contact details in the event that NHS Test and Trace need to contact you with regard to being in contact with a suspected infected Covid - 19 person .

Please refer to my privacy policy online at www.getfitphysio.co.uk