

Patient Information and Consent Form

Risk of Coronavirus (COVID-19) Transmission at Lawrence Chiropractic Clinics

Please read this form, discuss with your chiropractor if necessary and sign where indicated.

This Form is in addition to consent form for chiropractic examination and treatment

The Government published a Statutory Instrument on 26th March 2020, *no. 350 'The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020'* confirming that it is lawful for a chiropractic practice to remain open. It further defines those people who are classed as 'vulnerable'.

In accordance with up-to-date Government and Public Health England guidance **Lawrence Chiropractic Clinics**

has taken precautions to protect our patients and team members. These include rigorous sanitisation procedures. **We also request that any symptomatic patients follow NHS guidance on self-isolation and refrain from visiting the practice at this time.** Despite this, there is a risk of transmission of the Coronavirus (COVID-19) and it is important that you are aware of the risk.

PRECAUTIONS THAT LAWRENCE CHIROPRACTIC CLINICS HAVE IN PLACE:

- **All patients contacting us for an appointment are triaged by a member of our team over the telephone to establish their status (asymptomatic / symptomatic / self-isolating / living with someone symptomatic or self-isolating / have been in contact with anyone symptomatic).**
- **Only people in the asymptomatic category can attend the practice.**
- **A second triage is conducted at the practice by a team member.**
- **A strict cleaning, sanitation and infection control protocol is adhered to.**

All team members at Lawrence Chiropractic Clinics

- **follow government social distancing guidance where possible.**
- **Practice layout has been adapted to maintain social distancing between patients and all team members where possible.**

ELIGIBILITY FOR CARE

In addition to those with COVID-19 symptoms, self-isolating, living with someone with symptoms/ self-isolating, or have been in contact with anyone with or suspected to have COVID-19, we are currently not accepting patients from the 'extremely vulnerable' group who have been advised to keep shielding beyond the 30th of June.

CONSENT TO RECEIVE CARE AT LAWRENCE CHIROPRACTIC CLINICS

- I have answered all questions (triage) relating to my potential exposure to Coronavirus (COVID-19) truthfully; specifically I am not currently symptomatic, nor am I self-isolating, nor am I living with anyone who is symptomatic or self-isolating, nor have I been in contact with anyone who has or is suspected of having COVID-19.
- I understand that there is a potential risk of transmission of Coronavirus (COVID-19) as a result of attending the practice and/or receiving treatment.
- I have had the opportunity to ask all the questions I wish to, and all my questions have been answered to my satisfaction.

I have read, agreed to and understood the statements above relating to Coronavirus (COVID-19) risk and consent to receive care at **Lawrence Chiropractic Clinics**.

- I understand and agree that I will need to give separate consent regarding my chiropractic care.

Patient's Name: _____

Patient's Signature: _____

Date: _____