Patient Information and Consent Form

# Risk of Coronavirus (COVID-19) Transmission at Lido Chiropractic Clinic

**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 'v ulnerable'.

In accordance with up-to-date Government and Public Health England guidance Lido Chiropractic Clinic has taken precautions to protect our patients and team members. These include rigorous sanitization proced ures. **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 LIDO CHIROPRACTIC CLINIC HAS 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 Lido Chiropractic Clinic follow government social distancing guidance where possible.**
* **Practice layout has been adapted to maintain social distancing between patients and all team members where possible.**

# COVID-19 SYMPTOMS

The symptoms are a new continuous cough and/or fever which may be accompanied by one or more of the following:

* headaches
* tiredness
* muscle ache
* respiratory symptoms besides cough such as a sore throat, blocked or runny nose
* gastro-intestinal symptoms can also be a feature of COVID 19 and these are more common in children than adults
* loss of smell and taste (in some cases this may be the only symptom present)

If you are experiencing any of the accompanying symptoms listed above, regardless of having a new continuous cough and/ or fever, and are concerned that you may have coronavirus you should call the helpline on +44 (O) 1534 445566.

## 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 'vulnerable' and 'extremely vulnerable' at risk groups defined below:

* 1. Pregnant
	2. Over 70
	3. Have a long-term health condition/ Underlying Medical Conditions as listed below:
		+ Chronic respiratory diseases, such as asthma, COPD, emphysema or bronchitis.
		+ Chronic heart disease, such as heart failure.
		+ Chronic kidney disease.
		+ Chronic liver disease, such as hepatitis.
		+ Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis, a learning disability or cerebral palsy.
		+ Diabetes.
		+ Problems with the spleen, such as sickle cell disease or removal of the spleen.
		+ A weakened immune system due to conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy.
		+ Being seriously overweight, (body mass index of 40 or above).

## CONSENT TO RECEIVE CARE AT LIDO CHIROPRACTIC CLINIC

* 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 Lido Chiropractic Clinic.
* I understand and agree that I will need to give separate consent regarding my chiropractic care .

Patients Name : Patients Signature: \_ Date : \_