



## **Patient Information and Consent Form**

### **Risk of Coronavirus (COVID-19) Transmission at The Clinic at Borde Hill**

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

The Clinic at Borde Hill (The Clinic) has conducted a thorough risk assessment to ensure adequate levels of safety at this clinic are implemented and maintained and we are following the most up-to-date version of guidance from UKHSA: *Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022.*

**For your safety at The Clinic:**

- **All Practitioners and Clinic Staff will be wearing appropriate Personal Protective Equipment for your protection.**
- **All Patients are screened and asked about potential exposure to COVID-19.**
- **Patients are requested to wear a mask (unless exempt) when attending The Clinic.**
- **Social distancing of Staff and Patients will be maintained as far as possible.**
- **Appropriate cleaning is regularly undertaken.**

The Clinic is committed to ensuring that every measure is in place to minimise the risk of exposure to COVID-19, but we cannot guarantee there is no risk to you as a result of attending the clinic.

#### **Consent to receive care at The Clinic at Borde Hill**

- I have answered all questions relating to my health and potential exposure to COVID-19 truthfully.
- I understand that there is a potential risk of transmission of COVID-19 as a result of attending the clinic 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 understand and agree that I will need to give separate consent regarding my care plan, whether for musculoskeletal care: chiropractic, osteopathy or physiotherapy, or for other therapies offered at The Clinic.

#### **Declaration of disclosure**

- I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously, believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware that I can be prosecuted for making a false declaration.

Patients Name: \_\_\_\_\_

Patients Signature: \_\_\_\_\_

Date: \_\_\_\_\_