**Faye Pattison Physiotherapy Ltd**

**Covid-19 Face to Face consent Form**

To allow face to face treatment to take place safely for both patients and therapist there are new guidelines in place to protect us all and reduce the risk of Covid-19. Please read the below and sign that you are happy to proceed with face to face treatment following these clinic guidelines:

1. You will receive a phone call from your therapist the day before treatment to ask if you currently have or previously had any COVID symptoms.
2. You must attend by yourself unless under 16 then one parent or guardian is welcome.
3. You must wait in your car until your therapist calls you to invite you into the clinic for treatment.
4. You must wear a face mask either your own or your therapist will supply you with a surgical face mask on entering the clinic.
5. You must wash and sanitise your hands in the clinic before and after treatment
6. Your therapist will take your temperature using a contactless thermometer on entering the clinic, should this be 37.8 or greater you will be ask to leave.
7. You accept that your therapist will wear a face mask, gloves and apron to treat you and will put on a face shield if there is any chance of ‘Splash back’ from body fluids e.g performing acupuncture and intramuscular stimulation.
8. That you understand that Covid-19 is spread from symptomatic or asymptomatic people to others via respiratory droplets or touching a contaminated surface. Therefore having face to face treatment can increase this risk.
9. You accept that your therapist will only allow one patient in the clinic at a time, the waiting room will be closed to prevent additional areas of the clinic being exposed, that cleaning will take place between patients (there will be a 15 minutes gap between patients arriving and leaving the clinic, for cleaning to take place), each patient will have a clean single use towel for covering. Deep cleaning will take place to the clinic when it is closed.

If you accept all of the above, please sign and date below. Please send this back to the clinic via email to prevent non-essential contact. This must be received by the clinic prior to you arriving for your appointment.

Name printed………………………………………………………………………………………..

Signature ………………………………………………………………………………………………..

Date………………………………………………………………………………………………………..