



## **Patient Information and Consent Form**

### **Risk of Coronavirus (COVID-19) Transmission at Cardiff Bay Chiropractic t/a At 36**

**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 adjustment\***

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 Cardiff Bay Chiropractic t/a At 36 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 AT 36 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 AT 36 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 discouraging 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 Cardiff Bay Chiropractic t/a At 36**

- 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 Cardiff Bay Chiropractic t/a At 36.
- I understand and agree that I will need to give separate consent regarding my chiropractic care.

Chiropractic Consent

- I am aware of the risks associated with chiropractic care, and I give informed consent to my Chiropractic care today.

Patients Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_

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

Thank you for your time and understanding with complying with our consent form

Kind regards,

Ben and Izzy Mathew