



Esther Marshall
Physiotherapy & Pilates

Face to face treatment Consent Form

Your Details

Full Name:		Date of Birth:
Home address:		
Home tel:	Work tel:	
Mobile:	Email:	
How would you like to receive your appointment confirmation and appointment reminders from us?	Email / SMS / Both :	
Can we put you on our email list for occasional updates and news?	Yes / No :	

Next Of Kin

Full Name:		Relationship:
Home address:		
Home tel:	Work tel:	
Mobile:	Email:	

Explanation of Physiotherapy Services during the Coronavirus Crisis

We cannot go ahead with your face to face appointment unless you have read and consented to these new practises by signing and returning this document before your appointment.

The Physiotherapist will be wearing a mask, gloves and an apron during the consultation and will maintain a minimum 2m distance from you until closer contact or observation is required. Please ensure that you maintain this distance yourself during the consultation where possible. You will be asked to wear a face covering, which can be provided for you.

You will need to wash your hands before and after the treatment session.

Please minimise any belongings. Any belongings (coats, jewellery, excess clothing, bags) will be stored in our sealed storage box for the appointment.

To improve airflow the door will be left open unless we are requiring you to undress for the treatment or you specifically require the door to be kept shut. This will be documented.

Lily House is operating a strict policy on maintaining social distance of all clients. Chairs in the waiting room have been spaced out and once the waiting area is full, you may be asked to wait outside. Your Physiotherapist will call you in when they are ready for you.

Following your assessment, a course of treatment may be recommended. This may be provided virtually by telephone or video calling or continued face to face. Your Physiotherapist will discuss and agree treatment plans with you; these will always include self-management strategies, and exercises for you to do at home on a regular basis.

Because of the risk of coronavirus infection, it is important that we make you aware that there is an increased risk of coronavirus infection if you choose to attend a face to face consultation, despite all precautions being taken.



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For all our Infection Prevention and Control (IPC) measures, please see our IPC documentation. This should be sent out to you but will also be available online at www.esthermarshallphysiopilates.com

Your declaration and signature

Please ask your Physiotherapist before signing this form if you have any questions about this information.

- *I confirm I have read and understand the content of this consent form, **including that there is a risk of coronavirus infection in attending a face to face consultation;***
- *I confirm that I am **willing to accept that risk and any consequences thereof;***
- *I agree to undertake a face to face assessment **despite this risk.***
- *The personal information I have given will be used for contact tracing, should this be necessary.*

Patient Signature:		Date:	
Print name:			



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Chaperones

We are only allowing chaperones in 3 specific categories:

1. To accompany a minor
2. As a carer
3. As a translator

Ideally, chaperones should be from the same household as the patient. Chaperones will also be required to undergo health screening prior to the appointment and will be required to wear a face covering during the consultation. If you do not wish to comply with the infection prevention and control requirements, or do not wish to accept the risk of infection, please do not remain in the clinic.

If you have any questions, please ask the Physiotherapist before signing this form.

Chaperone declaration and signature:

- I understand that by choosing to accompany the person name above **there is a risk of coronavirus infection to me;**
- I confirm that I am **willing to accept that risk and any consequences thereof;**
- I confirm that I will accompany the stated person **despite this risk.**

Pursuant to the provisions of the General Data Protection Regulation and Data Protection Act 2018, I hereby:

- I understand that:
 - my personal information will be stored for a period of one month from my last visit;
 - my personal information will only be shared in the interests of public health or to protect another person's vital interests;
 - my personal information will only be used to contact me should there be a probable or confirmed case of coronavirus to which I may have been exposed;

Chaperone/Relative Signature:		Date:	
Print Name:			
Contact Telephone number: <i>For contact tracing purposes only</i>			

Physiotherapist Signature:		Date:	
Print Name:			