



Valid Consent to Chiropractic Treatment In regard to COVID-19 RISK OF TRANSMISSION

Please read this consent form, discuss it with your clinician if you would like to, and then sign where indicated at the bottom.

During these times of uncertainty surrounding the COVID-19 outbreak, we felt it necessary to share this information with you and inform you of the action steps we're taking to keep you and the rest of our community safe and healthy. Our patients' health and wellbeing are our number one priority.

We are taking extra precautions to maintain a healthy and safe environment for healing. These include, but are not limited to, sanitising frequently touched objects such as adjusting tables and equipment after each patient, door handles, credit card machines and light switches. We are also regularly washing and sanitising our hands with soap and water. We are rigorously following the guidelines laid out by the Government, our Statutory Regulator, the General Chiropractic Council, and our professional associations. We wish to keep our team and our community of patients safe during this time. We have requested that any symptomatic patients follow NHS guidance and stay away from visiting the practice at this time.

Whilst our practice has taken every further precaution to limit your risk of exposure to COVID-19, we cannot guarantee that there is no risk to you as a result of attending the clinic and/or receiving treatment.

How does COVID-19 spread?

This virus appears to be very contagious. It is thought to spread mainly from person-to-person through people who are in close contact with one another (within about 6 feet) or through respiratory droplets produced when an infected person coughs or sneezes. Whilst it is currently thought that people are most contagious when they are most symptomatic, it is possible some spread might be possible by people with no symptoms.

You are in the "at risk" group if you

- Older adult - aged 70 or over
- Have a long-term health condition such as heart disease, diabetes and lung disease
- Are pregnant
- Have a weakened immune system

If you are in the 'at-risk' group, you are strongly advised to read and discuss this document carefully with your Chiropractor and then make an informed decision on attending the practice.

Consent:

- I understand that there is a risk of transmission of COVID-19 (coronavirus) as a result of attending Spinecentral and / or receiving treatment.
- I consent to the chiropractic examination, x-rays or treatment(s) offered or recommended to me today by my clinician.
- I understand that I can choose to change my appointment to another date without incurring costs
- I acknowledge I have discussed, or have been given the opportunity to discuss, with my clinician the nature of the contents of this consent and have had the opportunity to ask all the questions I wish to at this time.

- ☐ I do not have any active symptoms that are suggestive of COVID 19 (sore throat, cough, fever etc)
- ☐ I have not knowingly been in contact with anyone who has been diagnosed with COVID 19 in the last 14 days

Date: _____

Patient Signature _____

Name: _____ (Please print name)

Signature of Guardian (where applicable for a minor) _____

Name: _____ (Please print name of patient) (Please print name

of guardian) _____