



Patient Information and Consent Form

I confirm following discussion during telephone triage/virtual consultation, CHHC has outlined the need to reduce the risks to the lowest possible level to ensure public health and safety. As a result of this information exchange and your shared decision-making process, both you and the therapist at CHHC have agreed the clinical need for face to face appointment.

I confirm CHHC has explained that changes to treatment processes have been made in-line with legal Government Guidance from Public Health England, HCPC regulatory and CSP professional frameworks during the second phase of COVID-19 pandemic. Patient safety is paramount during face to face assessments and treatments, therefore CHHC will be implementing:

- Additional infection prevention and control measures follow Public Health England (PHE) COVID-19 infection prevention and control (IPC) guidelines
- Risk assessment of the working environment before and after each patient contact
- Use of personal protective equipment by therapist, including mask, gloves and apron
- Patient risk assessment and clinical reasoning
- Triage on arrival as detailed below

Patient Consent

Please tick each box

- You have checked your temperature today and it is not a high temperature
- You do not have a new or persistent continuous cough
- You do not have a loss of, or change in, your normal sense of taste or smell
- You have not been in contact with anyone with these symptoms, or suspected case of coronavirus, in the last 14 days
- You are not generally unwell or have not received a letter from NHS saying your high risk

Statement of Consent

I confirm that I have read and understood the above information, and I consent to having treatment and the risks have been explained. I understand that I can refuse treatment at any time. I have been given a sheet of aftercare advice.

Signature _____

Print name _____

Date _____