
Consent form for a face-to-face consultation

Please read this consent form carefully before signing and dating it. By signing and dating this form you confirm that you fully understand and agree to abide by the procedures set out below in order to prevent the spread of COVID-19.

You will be given an initial video consultation prior to attending the clinic for a face-to-face consultation.

1. You should not come to the clinic if you display any of the following, recognised conditions:
High temperature, a new continuous cough, loss or change in your sense of smell or taste and any other symptoms of ill health. If you do display any of the above symptoms, please cancel your appointment as soon as possible.
2. Please attend **on time** and **wait outside the building** until you are invited to enter by a member of the JY Physiotherapy team.
3. Only 1 patient (no guests) will be allowed into the building and the consulting room.
4. No surplus bags, shopping or other packages will be allowed into the consulting room.
5. Your therapist will be wearing PPE (Personal Protective Equipment) and it is **mandatory that the patient supply and wear their own face covering** as this will not be supplied by the clinic.
6. Hand sanitiser will be provided and must be applied on entry into, and before departure from, the building.

Please note that toilet facilities will **not** be available.

Declaration:

I fully understand that this consultation is at my own risk and that my details may be used for contact tracing if required.

Name (Print):

Date:

Signature:

Tel:

Please note that should any of the above procedures are not followed a therapist will be unable to see you.