



Parkwood Chiropractic Clinic

Consent Form

Covid-19: Risk of Transmission

Parkwood Chiropractic Clinic operates with very strict hygiene and sanitation protocols in place to protect our patients. Despite these precautions, there is an inherent risk of human-to-human transmission of the Coronavirus (Covid-19). Your practitioner will make you aware of the Details of Our Hygiene and Sanitation Protocols.

We have requested that any symptomatic patient stay away from the clinic at this time.

Whilst Parkwood Clinic has taken every precaution to limit your risk to exposure to Coronavirus, we cannot guarantee that there is no risk to you as a result of attending the clinic and /or receiving treatment.

How Does Coronavirus Spread?

The Virus appears to be spreading easily, and 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 before people show symptoms.

You are in the At Risk/Clinically Vulnerable Group

If You Are:

- Pregnant (and have a serious Heart Condition)
- Over 70 (with long term health conditions that weaken your immune system)
- Under 70 with a long term health condition (includes Diabetes, Severe Asthma or COPD, Emphysema, Cystic Fibrosis, Chronic Heart, Lung or Kidney Disease)
- Have a weakened immune system (includes MND, MS, Parkinsons, Cerebral Palsy, Scid, Steroid treatment)
- If you are currently receiving Radiotherapy/Chemotherapy or take high dose Steroid medications

You are Strongly Advised Not To Receive Face to Face Care at this time.

CONSENT TO RECEIVE CARE

- I understand that there is a risk of transmission of Coronavirus (Covid-19) as a result of me attending the clinic and/or receiving treatment.
- I understand that Parkwood Chiropractic Clinic cannot accept responsibility for transmission of the Coronavirus (Covid-19) should I become infected.
- I am content with and will adhere with the strict hygiene/ safety protocols in place at this clinic.
- I have had the chance to ask all the questions I wish to at this time.

By signing the above, I confirm I have answered all questions (triage) relating to my potential exposure to Coronavirus (Covid-19) truthfully. I consent that I have read, agreed to and understand the Statements above and consent to receive care at Parkwood Chiropractic Clinic.

Patient's Name _____ **My Temperature** _____

Signature _____ **Date** _____