

***AGREEMENT FOR A FACE TO FACE APPOINTMENT***

**Personal Details**

Name: TEL.NO

Address:

**About Me:**

I confirm that I have not had any of the following symptoms in the last 14 days: fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose or sore throat. ( If you have symptoms do not proceed contact your physio)

Yes ⬜ No ⬜

I confirm that I am not in the clinically extremely vulnerable category Yes ⬜ No ⬜

I confirm that to the best of my knowledge, I have not been in close contact with anyone with confirmed COVID-19 in the last 14 days.(A positive test)

Yes ⬜ (do not proceed) No ⬜

I understand that coronavirus may not cause symptoms in some people and is currently causing a pandemic which means healthcare services are required to operate differently

Yes ⬜ No ⬜

I confirm I have been made aware of physiotherapy guidelines that require a telephone/video triage appointment to be conducted before I can attend in person.

Yes ⬜ No ⬜

**About my Visit:**

I confirm I am aware of the clinic’s requirement for social distancing in the clinic.

Yes ⬜ No ⬜

I confirm I am aware of the clinic’s requirement for hand decontamination and temperature testing in the clinic: Yes ⬜ No ⬜

I confirm I am aware if the clinic requires me to wear a face-covering whilst inside the clinic. (Discuss with clinician if any issues)

Yes ⬜ No ⬜

I confirm I have been informed about the cleaning of the clinic room before/after my attendance (Via web site details)

Yes ⬜ No ⬜

I confirm I am aware of the clinic’s requirement for contactless payment ( if possible)

Yes ⬜ No ⬜

I understand that my physiotherapist is required to wear PPE as set by Public Health authorities during my appointment and this is not optional for them.

Yes ⬜ No ⬜

**About my Clinician:To Be able to offer a face to face appointment my clinician will have:--**

Not had any of the following symptoms in the last 14 days: fever, shortness of breath, loss of sense of taste or smell, dry cough, runny nose or sore throat. **Plus** to the best of their knowledge, they have not been in close contact with anyone with confirmed COVID-19 in the last 14 days

They have discussed with me the reasons why my clinical need for healthcare cannot be met by a telephone/video consultation.

Yes ⬜ No ⬜

I have had the opportunity to ask all the questions I wish to, and all of my questions have been answered to my satisfaction. Use space below to record detail

**NB Contact tracing may require the release of details from the clinic, but this will only occur if required by that team. If you have any concerns about this please discuss with your therapist.**

**A new QR code will be available at the clinic shortly when this T@T system comes on line.**

I agree to attend a face to face appointment during the COVID-19 pandemic.

Yes ⬜ No ⬜

**Signed** ……………………………………………………………………….. DATE…………………………