

Following the latest guidelines from Public Health England and the Chartered Society of Physiotherapy face to face treatment is now permitted when triaged by telephone beforehand to confirm it is clinically necessary. Patients are required to complete the COVID-19 declaration and consent form prior to their initial appointment.

COVID 19 DECLARATION

Have you been in contact with anyone with or been advised to self- isolate with COVID-19 symptoms in the last 14 days?

- Yes
- No

Have you had a new, continuous cough, a high temperature or anosmia (a loss of or change in your normal sense of smell or taste) in the last 14 days?

- Yes
- No

Have you or anyone in your household returned from anywhere outside of the UK in the past 14 days?

- Yes
- No

Are you in a high risk group for COVID-19 and have been asked to shield by your GP?

- Yes
- No

I consent to face to face treatment in the full understanding of the risk of contracting COVID-19 and understand that every precaution has been taken to avoid contamination.

- Yes
- No

Name:

Date:

Signature: