



Patient Information and Consent Form

Risk Control of Coronavirus (COVID-19) Transmission at Skipton Chiropractic Clinic

Skipton Chiropractic Clinic has conducted a thorough risk assessment to ensure adequate levels of safety at this clinic are maintained and we are following the most up-to-date version of guidance from UKHSA: *Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022*

For your safety:

- Chiropractors and Clinic Staff will be wearing Personal Protective Equipment for your protection.
- All patients are screened and asked about potential exposure to Covid-19.
- Patients are requested to wear a mask (unless exempt) when attending the clinic.
- Social distancing of staff and patients will be maintained as far as possible.
- Appropriate cleaning is regularly undertaken.

Skipton Chiropractic Clinic is committed to ensuring that every measure is in place to minimise the risk of exposure to COVID-19, we cannot guarantee there is no risk to you as a result of attending the clinic.

Consent to receive care at Skipton Chiropractic Clinic

- I have answered all questions relating to my health and potential exposure to COVID-19 truthfully.
- I understand that there is a potential risk of transmission of COVID-19 as a result of attending the clinic and/or receiving treatment.
- I have had the opportunity to ask all the questions I wish to, and all my questions have been answered to my satisfaction.

Patients Name: _____

Patients Signature: _____

Date: _____