

# CONSENT FOR PHYSIOTHERAPY TREATMENT DURING THE COVID-19 PANDEMIC

- 1.1 I, \_\_\_\_\_, knowingly and willingly consent for myself or for a minor \_\_\_\_\_, under my care, to receive elective Physiotherapy or emergency Physiotherapy treatment from the Megan Whelan during the COVID-19 pandemic.
- 1.2 I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious.
- 1.3 Physiotherapy procedures/treatment take place with the patient in very close proximity to the practitioner. This potentially exposes the patient and the practitioner to the COVID-19 virus.
- 1.4 I understand that due to the frequency of visits of other Physiotherapy patients, the characteristics of the virus, and the characteristics of Physiotherapy practice, that I have an elevated risk of contracting the virus simply by being in a Physiotherapy office. \_\_\_\_\_ (Initial)
- 1.5 I acknowledge that it is still recommended where possible and practical that consultations be held via videoconferencing software or through Telehealth technologies.
- 1.6 I confirm I am seeking treatment for a condition that cannot be done effectively or practically via Telehealth technologies.
- 1.7 I confirm that I am not presenting ANY of the following symptoms of COVID-19 listed below:
- 1.7.1 Fever
  - 1.7.2 Shortness of Breath
  - 1.7.3 Dry Cough
  - 1.7.4 Runny Nose
  - 1.7.5 Sore Throat
- 1.8 High risk patients relating to the severity of COVID-19 are persons over the age of 60 and persons who have pre-existing medical conditions such as: asthma, chronic lung conditions, hypertension, autoimmune diseases, organ transplants, cancer, Immunocompromised, Obesity (BMI over 40) and Liver or kidney conditions. I confirm that I do not fall into any of these high risk categories.
- 1.9 In person consultations and treatment will only be done for high risk patients if absolutely necessary and in emergencies.
- 1.10 I am aware of the risks involved with the spread of COVID-19 and the risks it may hold to my health and the health of others I come in contact with. I accept those risks and hereby indemnify and hold the practitioner and his/her staff blameless should I contract the disease at the offices of the practitioner or from the practitioner or his/her staff members.

\_\_\_\_\_  
Patient's Signature  
(Parent/Guardian)

\_\_\_\_\_  
DATE

# PRACTICAL GUIDELINES TO THE CONSULTATION:

- 1.1 I, \_\_\_\_\_ have read and understand the practical guidelines as set out hereunder and confirm that I will comply thereto and prepare accordingly.
- 1.1.1 I will sign all consent forms at home with my own pen and bring the forms to the practitioner's practice, failing which I will not be treated. I may also sign same electronically and email same to the practitioner.
  - 1.1.2 Patients will be phoned and screened the day before consultations, and requested to take appropriate action if they are presenting with any risk symptoms or history.
  - 1.1.3 Patients will be stopped from entering the practice if the patient hasn't complied with proper control measures.
  - 1.1.4 Patients will not be allowed in the waiting room and will be requested to wait in their cars until called by the practitioner or a staff member to enter the practice.
  - 1.1.5 All patients will be sprayed with hand sanitiser upon entry.
  - 1.1.6 All patients must wear a face mask alternatively a face mask will be provided to the patient, at a cost to the patient.
  - 1.1.7 On arrival, patients will again be screened for risk factors including the taking of a temperature.
  - 1.1.8 Between consultations, the necessary hygiene/cleaning protocols will be done by the practitioner and/or their staff compliment and this may cause a delay and prolong waiting periods.
  - 1.1.9 Patients are requested to avoid touching anything inside the practice.
  - 1.1.10 Patients are requested to remove any jewellery and leave same at home as it can be carriers of infections droplets.

\_\_\_\_\_  
Patient's Signature  
(Parent/Guardian)

\_\_\_\_\_  
DATE