



Patient Information and Consent Form

Risk of Coronavirus (COVID-19) Transmission Hillside Massage

Please read this form, discuss with the practitioner if necessary and sign where indicated.

In accordance with up-to-date Government and Public Health England guidance, Jan Erik Posth/Hillside Massage has taken precautions to protect clients and others. These include rigorous sanitization procedures. **It is requested that any symptomatic clients follow NHS guidance on self-isolation and refrain from receiving treatment at this time.** Despite all, there is an increased risk of transmission of the Coronavirus (COVID-19) relative to non-participation in manual treatments and it is important that all involved are consenting to and aware of the risk.

PRECAUTIONS THAT ARE IN PLACE:

- **All clients are triaged prior to confirming treatment to establish their status (asymptomatic / symptomatic / self-isolating / living with someone symptomatic or self-isolating / have been in contact with anyone symptomatic).**
- **Only people in the asymptomatic category can receive treatments.**
- **A second triage is conducted just before treatment.**
- **A strict cleaning, sanitation and infection control protocol is adhered to.**
- **The practitioner follows government social distancing guidance where possible.**
- **Treatment protocol has been adapted to maintain social distancing between patients and practitioner where possible.**
- **A face shield and mask is worn by the practitioner during treatment.**
- **Unless exempt for health, age or equality reasons the client is also asked to wear a face covering during treatment, only to be removed for particular treatments.**

Please read the attached consent form and LET ME KNOW if you have any issues with any of the measures taken, or if you are symptomatic, fit a vulnerable category, self-isolating, living with someone symptomatic or have any other unanswered questions.

If you are able please print, sign and bring this consent form with you to your appointment. I will otherwise provide a copy for you to sign when receiving you.

Thank You.

ELIGIBILITY FOR CARE

In addition to those with COVID-19 symptoms, self-isolating, living with someone with symptoms/ self-isolating, or have been in contact with anyone with or suspected to have COVID-19, I am currently not accepting clients from the 'vulnerable' and 'extremely vulnerable' at risk groups defined below:

1. Pregnant
2. Over 70
3. Have a long-term health condition/ Underlying Medical Conditions as listed below:
 - Chronic respiratory diseases, such as asthma, COPD, emphysema or bronchitis.
 - Chronic heart disease, such as heart failure.
 - Chronic kidney disease.
 - Chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis, a learning disability or cerebral palsy.
 - Diabetes.
 - Problems with the spleen, such as sickle cell disease or removal of the spleen.
 - A weakened immune system due to conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy.
 - Being seriously overweight, (body mass index of 40 or above).

CONSENT TO RECEIVE CARE AT HILLSIDE MASSAGE

- I have answered all questions (triage) relating to my potential exposure to Coronavirus (COVID-19) truthfully; specifically I am not currently symptomatic, nor am I self-isolating, nor am I living with anyone who is symptomatic or self-isolating, nor have I been in contact with anyone who has or is suspected of having COVID-19.
- I understand that there is a potential risk of transmission of Coronavirus (COVID-19) as a result of 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.
- I have read, agreed to and understood the statements above relating to Coronavirus (COVID-19) risk and consent to receive care at Hillside Massage and Jan Erik Posth.

Patients Name: _____

Patients Signature: _____

Date: _____