



Physiotherapy Consent Form during Covid-19 Pandemic

I, knowingly and willingly consent to face to face physiotherapy treatment. I understand that Covid-19 has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.

I have been made aware of the guidelines that under the current pandemic all non-urgent physiotherapy care is undertaken by virtual appointment where possible. Face to face physiotherapy should be limited to those where there is significant pain or dysfunction, where there is limitation in the ability to work or provide care, perform activities of daily living or if there are emotional/ psychological distress issues.

I confirm I am seeking physiotherapy for a condition that meets this criteria.....
(initial)

I confirm that I have not had any of the following symptoms listed below in the last 21 days or knowingly been in contact with anyone with these symptoms

- Fever (temperature over 37.9)
- new shortness of breath
- new loss of sense of taste or smell
- new dry/ persistent cough

I confirm that I have not travelled by air either domestically or internationally in the past 14 days or returned from a country out with the UK in the past 14 days.

Please ask your physiotherapist before signing this form if you have any questions about this information.

Signature.....

Date.....

Signature.....

Date.....

Signature.....

Date.....

Signature.....

Date.....