

Coronavirus Patient Consent Form

Patient Name:

D.O.B:

Address:

Email:

Phone:

GP:

Date:

Named Physiotherapist:

I consent to a physiotherapy assessment and treatment by the named physiotherapist working on behalf of New Forest Physiotherapy and Sports Injury Clinic.

I am satisfied that the clinic is taking the appropriate steps to provide me with adequate protection against the Coronavirus (COVID-19), as defined on the date of this appointment, by the government and Public Health of England guidelines. I am happy to adhere to their process requests and understand that refusal to do so may result in the therapist being unable to treat me.

I am aware that I can withdraw consent for further treatment at any time.

Patient Name:

Signature:

Date: