



CAIRNGORM CLINIC

Consent Form for Sally Peter, Osteopath.

In these difficult and unusual times **we are required** to obtain specific consents from you prior to treatment. Please could you fill in the following:

1. I consent to treatment, having read the Patient Information Sheet. I understand the heightened risks from Covid-19, and the precautions that Cairngorm Clinic has taken to minimize these, but accept that the risks of transmission cannot be fully mitigated.

Please tick

2. I confirm that I do not have any of the symptoms associated with Covid -19 namely:

- New persistent cough
- Fever
- Difficulty in breathing
- Loss of taste or smell
- New rash.

I also confirm that, to the best of my knowledge, I have not been in contact with anyone who has had these symptoms, is isolating, or has been tested positive for Covid in the last 14 days.

Please tick

3. I undertake to let the practice know immediately if I develop Covid-19 symptoms within 7 days of visiting the clinic.

Please tick

Signed:

Name:

Date:

THANK YOU