



# We're looking after you ~ and us

**At Naturally Chiropractic we are doing everything we can – and everything that has been recommended – to ensure that both our clients and staff stay safe and healthy.**

So that we are able to continue treating you, with the minimum of risk to us all, we ask that you read the following protocols that we have put in place then sign below, giving us a record of your agreement.

### **About us:**

- Our staff are currently healthy and not showing any signs of infection. We take our temperatures daily, wash our hands between clients and wear the recommended PPE.
- The practice is cleaned between each client: surfaces are sanitised, including the adjusting bench, door handles, desks, chairs and the card machine.
- We are maintaining recommended distances, both inside and outside the practice, as much as possible, and will only make physical contact with you to ensure treatment is undertaken. You will be informed as necessary.
- Patients are booked at longer than usual intervals to avoid overlaps and allow for thorough cleaning procedures.

### **About you:**

- We are quite sure that you already know how the virus is spread, but if you need more information, are in an At Risk group or think you may have been exposed to Covid-19, please inform us immediately. We may not be able to treat you but can give you advice.
- When you arrive, we may ask you wait outside until we can see you, to wash/sanitize your hands as you enter and maintain safe distances from staff and each other.
- If you have any concerns about the virus in general or the information above, we are happy to advise and supply more detailed answers.

### **Next step:**

We are doing all we can to minimise risks allowing us to treat you. However, we need you to confirm that we have explained what is involved in attending the practice and acknowledge these protocols are in place so we can ensure your well-being as much as possible. **If you happy to continue with treatment, please fill in the following:**

Name: .....

- I am happy to continue with treatment at Naturally Chiropractic.
- I understand that there is a risk of transmission of COVID-19 and agree that Naturally Chiropractic cannot accept responsibility should I become infected after attending the clinic.
- I have had the chance to ask all the questions I wish to at this time.
- My consent is given for all treatments until I withdraw it or if circumstances change.

Signature .....Date .....