Patient Treatment Consent Form - COVID-19 Pandemic

Patient Name: ___________________________________ Date: _______________________

- I understand the novel coronavirus causes the disease known as COVID-19.
- I understand the novel coronavirus virus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious.
- I understand that due to the frequency of visits of other chiropractic/massage therapy patients, the characteristics of the novel coronavirus, and the characteristics of chiropractic/massage therapy procedures, that I have an elevated risk of contracting the novel coronavirus simply by being in a chiropractic/massage therapy office.
- I consent to have my temperature checked with contactless thermometer *(performed at the clinic before your appointment)*

Temperature: ___________ *(Initial)* ___________

☐ I confirm that I am ***not*** presenting any of the following symptoms listed below of COVID-19 identified by Ontario Health Services: (Please check box if you are experiencing any of these symptoms)

☐ Fever > 38°C/100.4°F
☐ Sore Throat
Runny Nose
(not seasonal or alergy related)
☐ New onset of Cough
or Chronic Cough

☐ Loss of Smell or Taste
☐ Shortness of Breath or
Difficulty Breathing
☐ Headaches
(unusual or long lasting)

☐ Flu-like Symptoms
☐ Unexplained Fatigue or Malaise
☐ Difficulty Breathing
☐ Muscle Aches
☐ Conjuctivitis (pink eye)
☐ Lack of Appetite

- I confirm that I have considered if I am in high risk category (factors include; diabetes, cardiovascular disease, hypertension, lung diseases including moderate to severe asthma, being immunocompromised, having active malignancy, age >65) and have chosen to have chiropractic/massage therapy treatments.
- I confirm that I am not currently positive for the novel coronavirus.
- I confirm that I am not waiting for the results of a laboratory test for the novel coronavirus.
- I verify that I have not returned to Ontario from any country outside of Canada whether by car, air, bus or train in the past 14 days.
- I understand that any travel from any country outside of Canada, including travel by car, air, bus or train, significantly increases my risk of contracting and transmitting the novel coronavirus. Ontario Health Services require self-isolation for 14 days from the date a person has returned to Canada.
- I understand that Ontario Health Services has asked individuals to maintain physical distancing of at least 2 metres (6 feet) and it is ***not*** possible to maintain this distance and receive chiropractic/massage therapy treatment.
- I verify that I have not been identified as a contact of someone who has tested positive for novel coronavirus or been asked to self-isolate by Ontario Health, the Communicable Disease Control or any other governmental health agency.

☐ I verify the information I have provided on this form is truthful and accurate.

☐ I knowingly and willingly consent to have a chiropractic/massage therapy treatment completed during the COVID-19 pandemic.

______________________________________ ______________________________

SIGNATURE OF PATIENT DATE