

Clinical Note COVID-19

To be completed by Chiropractor

Reason for appointment

- Pre-Initial Consultation Call Follow up Initial Consultation Call Patient enquiry Practitioner Note
- Courtesy call Welfare call Patient remote triage

Summary of Call

Area of Pain:

Level of Pain (best and worst):

- 0 1 2 3 4 5 6 7 8 9 10

Management that client has tried?

To be completed by client: Questionnaire relating to COVID-19

Have you had a high temperature - above 37.8c - in the past 2 weeks?

- Yes No

Have you had a new persistent cough in the past 2 weeks?

- Yes No

Are you or living with someone that is self-isolating due to symptoms of COVID-19?

- Yes No

We are currently unable to accept patients from the vulnerable "High Risk" groups defined by the NHS

below. Please indicate if you have any "High Risk" condition below:

1. Solid organ transplant recipients
2. People with specific cancers:
 - o People with cancer who are undergoing active chemotherapy
 - o People with lung cancer who are undergoing radical radiotherapy

- o People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
 - o People having immunotherapy or other continuing antibody treatments for cancer
 - o People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
 - o People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)
 4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe combined immunodeficiency (SCID), homozygous sickle cell)
 5. People on immunosuppression therapies sufficient to significantly increase risk of infection
 6. Women who are pregnant with significant heart disease, congenital or acquired.

If you are in the “Moderate Risk” group as defined by the NHS below, we may be able to offer you a face to face appointment if it is deemed safe to do so. Please indicate if any of the below conditions apply to you:

Pregnant

Over 70 years of age

Chronic respiratory diseases such as asthma, chronic obstructive pulmonary disease, emphysema or bronchitis

Chronic heart disease, such as heart failure Chronic kidney disease Chronic liver disease, such as hepatitis

Chronic neurological, such as Parkinson's disease, motor neurone disease, MS, learning disability or cerebral palsy

Diabetes, problems with the spleen, such as sickle cell disease or removal

A weakened immune system as the result of condition such as HIV or AIDS, or medicines such as steroid tablets or chemotherapy

Seriously overweight with a body mass index of 40 or above

Notes:

Treatment type recommended by Chiropractor and agreed by client:

- Remote Face to face Referral outside the clinic Not to start treatment

Note:

As a part of your confirmation email there is a link to our COVID-19 information and consent form. Please confirm that you will read and submit the form before attending for your appointment?

- Yes No

The client understands that they need to inform the clinic to any changes to points raised in the COVID 19 information and consent form while receiving treatment. You will be asked to confirm this at each appointment until further notice:

- Yes No

Upon arrival at the clinic the client will be required to have a temperature check. Please confirm your consent to have this done:

- Yes No

The client understands that if they require a chaperone, the chaperone will have to go through the same COVID 19 triage process:

- Yes No

Notes: