



Treatment consent Form during COVID pandemic

COVID -19 : Risk of transmission:

Yvette Mann Podiatry operates with very strict hygienic and sanitation protocols in place to protect our patients at both Lucks Yard Clinic and Holly Tree Surgery.

Despite these precautions, there is an inherent risk of human-to human transmission of the coronavirus (COVID-19).

For details of our hygiene and sanitarian protocol, please speak to your Podiatrist today.

We have requested any symptomatic patients to stay away from the clinic at this time. Whilst we have taken precaution to limit your risk of exposure to coronavirus, we cannot guarantee that there is no risk to you as a result of attending the clinic and/or receiving treatment.

How does coronavirus spread?

This virus appears to be spreading easily and is thought to spread mainly from person to person through people who are in close contact with one another (within about 6 feet) or through respiratory droplets produced when an infected person coughs or sneezes.

Whilst it is currently thought that people are most contagious when they are most symptomatic, it is possible some spread might be possible before people show symptoms.

If you are in the 'at risk' group below, you are strongly advised not to receive care at this time and it is very important you discuss this with your Podiatrist now.

You are classified as vulnerable and at risk if you are:

- Over 70 with underlying health conditions
- Pregnant
- Have a long term health condition like cancer, a respiratory condition, heart condition
- Are currently shielding after receiving a government letter or living with someone who is shielding

Consent to receive care

- I understand that there is a risk of transmission of COVID 19 as a result of attending the clinic and/or receiving treatment.
- I understand that Yvette Mann and her associates cannot accept responsibility for transmission of COVID-19 should I become infected.
- I have had the chance to ask all the questions I wish at this time.

By signing below, I consent that I have read agreed and understood the statements above and consent to receive care by Yvette Mann Podiatry Team.

Patients name..... Date.....