

Patient Pre-Appointment Screening & Consent Form (PSF)

Patient name..... Date of birth.....

Please indicate if you are the: Patient or Parent Guardian Carer

Mobile:..... Home tel.....

Email..... Date of your appointment (if known) ...

Update from Judy Bowen-Jones: I am now permitted to treat patients, so long as I comply with Government guidelines for making my practice 'Covid-19 Secure'. Under these guidelines, I am required to carry out (and keep a record of) a risk assessment/Covid-19 screening interview with you prior to your appointment. The aims of this risk assessment questionnaire are to ensure:

- 1) it would be appropriate for you to attend the clinic at this stage of lockdown, and
- 2) that you understand the risks associated with coming for acupuncture at the present time

Before your appointment, I will send you information explaining the changes I have made to my practice to help minimise the risk of Covid-19 transmission. It is important that you understand, even with the best endeavours, it is not possible to eliminate the risk of contracting Covid-19 completely.

First, I would be grateful if you could answer some general questions:

Your General Health (continue on extra page if necessary)

A) What is/are your main reason(s) for seeking acupuncture at this time? Please give a brief description of your condition and symptoms, including, how long you have had the problem(s), the severity or pain score (from 1 – 10, where 1 is very mild and 10 is very severe), is your condition stable or worsening:

B) Is your condition affecting your quality of life? Yes No If Yes, please give brief details

C) Are you suffering from any stress or anxiety? Yes No If Yes, please give brief details, including details of any sleep issues or lockdown anxiety:

D) Have you considered getting medical help? Yes No If Yes, please give brief details:

Covid – 19 Screening Information

To help minimise the risk of transmission of Covid-19 at my clinic, I need to ask you some screening questions about COVID-19. Please answer Yes or No to each of the following questions:

In the last 14 days:

1. Have you had a high temperature? This can mean feeling hot to touch on your chest and back. You do not need to measure your temperature. Yes [] No []

2. Have you had a new continuous cough? This means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours. If you usually have a cough, it may be worse than usual. Yes [] No []

3. Have you lost sensations of taste or smell? Yes [] No []

*If you answer Yes to any of the above Q1-3, you may not attend the clinic for at least 7 days, you should self-isolate and contact NHS Test and Trace services to get tested as soon as possible**

4. Have you had close contact (under 2 metres) with anyone with a confirmed Covid-19 diagnosis or someone exhibiting the above 3 symptoms in the last 14 days? Yes [] No []

*If you answer Yes to Q4, you must stay at home and not leave your house for 14 days from the day that your contact first fell ill**

5. In the last 28 days, have you travelled abroad, or been to an area of the UK that has had to tighten lockdown measures because of an increase in Covid cases? Yes [] No []
If Yes, please give brief details:

6. Have you been instructed by the government to quarantine? Yes [] No []
If Yes, please give brief details:

7. Have you been contacted by the government or the NHS and told to shield or self-isolate for any reason? If Yes, please give brief details: Yes [] No []

If you answered Yes to any of Q1-7 above, you may not attend my practice at present as this may pose a risk to yourself and/or others.

*Please note, Covid-19 guidance is continually evolving. If you answered Yes to any of these questions, please check the Government website for the most recent guidance.

Clinically Vulnerable People

You are probably aware that people with certain health conditions, or over a certain age are more vulnerable to the effects of Covid-19. There are 2 categories of people: the *clinically vulnerable* and the *clinically extremely vulnerable*.

8. Do **you** come under the *clinically vulnerable* category [] or the *clinically extremely vulnerable* category? (See Table 1) Yes [] No []

If Yes, please give brief details.

9. Does anyone **you live with** come under the *clinically vulnerable* category or the *extremely vulnerable* category? (See Table 1) Yes [] No []

If Yes, please give brief details

Table 1 - People in the <i>Clinically vulnerable</i> category include:	You	Other you live with
Anyone aged 70 and older (regardless of medical conditions)		
Anyone under 70 with an underlying health condition (ie anyone instructed to get an annual flu jab as an adult on medical grounds) - such as:		
Chronic/long term mild to moderate respiratory diseases eg asthma, chronic obstructive pulmonary disease COPD, emphysema or bronchitis		
Chronic heart disease, such as heart failure		
Chronic kidney disease		
Chronic liver disease, such as hepatitis		
Chronic neurological disease eg Parkinsons PD, motor neurone disease, multiple sclerosis MS, learning disability or cerebral palsy		
Diabetes		
A weakened immune system as a result of conditions such as AIDS, HIV, or medicine eg steroid tablets		
Being seriously overweight (BMI of 40+)		
Pregnant women		
Clinically extremely vulnerable people:		
Solid organ transplant recipients		
Those with cancer undergoing active chemotherapy		
People with lung cancer undergoing radical radiotherapy		
People with cancers of the blood or bone marrow, such as leukaemia, lymphoma or myeloma – at any stage of treatment		
Having immunotherapy or other continuing antibody treatment for cancer		
Having other targeted cancer treatments that can affect the immune system eg protein kinase inhibitors or PARP inhibitors		
People who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs		
People with severe respiratory conditions eg all cystic fibrosis, severe asthma, severe COPD		
People with rare blood diseases that significantly increase the risk of infections such as severe combined immunodeficiency SCID, homozygous sickle cell		
People on immunosuppression therapies sufficient to significantly increase risk of infection		
Pregnant women with significant heart disease, congenital or acquired.		
Other people have been classified as clinically extremely vulnerable, based on clinical judgement and assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions		

If someone from any of these vulnerable categories contracts COVID-19, they are more likely to have complications, and are at a higher risk of severity of disease and dying.

If you, or anyone you live with falls into one of these categories, it is important that you are fully aware of your/their increased risk status. Any decision you make to attend must be based on your informed consent. You should think about this carefully and consult with others you live with if they are 'vulnerable'.

Informed Consent

I, Judy Bowen-Jones, can confirm that I have complied with Government requirements: to conduct a risk assessment, and introduce new social distancing, hygiene, hand washing and PPE procedures in my practice - to limit the spread of Covid-19. During your appointment, I will need to have non-socially distanced, close contact with you to perform the treatment. While I will meet very high standards of infection protection and control. It is impossible to completely eliminate the risk.

Please confirm that you understand this and are happy to proceed with the treatment. Yes [] No []

At the beginning of your appointment, you will be asked to sign a Patient Consent Form giving your informed consent to having treatment which will involve close contact.

Prior to your appointment, I will send you an Information Sheet (PAIS) explaining the new Covid-19 procedures in place at the clinic, what to expect and how you should prepare for your treatment. You will also get a copy of the Patient Consent Form (PCS) for you to read through in advance. You do not need to print this off/bring it with you. I am required to provide you with a copy to sign at the start of your appointment. Can you confirm that you will read the documents sent to you? Yes [] No []

If, between now and the time of your appointment, you develop any Covid-19 symptoms or there are any changes to the points raised in the Covid-19 Screening Information questions answered earlier (symptoms, contact, vulnerability etc), it is imperative that you let me know as soon as possible and *before* your next appointment. Can you confirm that you understand this? Yes [] No []

Also, if you develop Covid-19 symptoms within 48 hours following your appointment, you must get tested as soon as possible and let me know the result immediately, as I will need to self-isolate/stop working to comply with government Test & Trace guidelines. Can you confirm that you are willing to do this? Yes [] No []

If I develop Covid-19 symptoms within 48 hours of treating you, I am obligated to inform the NHS Test and Trace service and supply them with your contact details. Please confirm that you understand and accept this Yes [] No []

If you have any questions, please do not hesitate to call 07593 341439

Please scan and email this form to contact@judybowenjonesacupuncture.co.uk A digital version of this form (PSOF) can be found online <https://www.judybowenjonesacupuncture.co.uk/psof>

Sincere thanks for your time and co-operation,

Warmest wishes, Judy Bowen-Jones

Signed by patient..... Date.....