



**Individualised Risk Assessment**

This will be completed in collaboration with your physiotherapist. Each client and situation will be considered on an individual basis

Tick if you answer yes

**High risk screen** (Answering yes to any of these means that the government advise against face to face consultations at this time. You can however choose to proceed if you so wish knowing the risks in place)

- Have you received a letter from the NHS asking you to self-isolate for 12weeks from the 23<sup>rd</sup> March? [ ]
- Have you ever had an organ transplant? [ ]
- Are you undergoing cancer treatment? [ ]
- Have you had a bone marrow or stem cell transplant within the last 6 months? [ ]
- Do you have a severe respiratory condition? [ ]
- Is your immune system compromised in anyway? [ ]
- Are you pregnant with a heart condition? [ ]

**Moderate risk screen** (answering yes to any of the following means that you are of greater risk from catching COVID-19 compared to the general population. Being outside your home means that you are putting yourself at higher risk of contracting COVID-19)

- Are you aged over 70? [ ]
- Are you pregnant? [ ]
- Do you have an active respiratory condition? [ ]
- Do you have disease of the heart, liver of kidney? [ ]
- Are you diabetic? [ ]
- Do you have a neurological disease? [ ]
- Do you have a condition or take medication that makes you higher risk of developing infections? [ ]
- Do you have a very high BMI (>40)? [ ]

**Screen for justification of treatment** (answering yes to the following makes justification of face to face consultation higher but must be weighed up with the risks before a conclusion is drawn)

- The reason you are presenting for physiotherapy cannot solely be assessed/treated online? [ ]
- The condition will likely worsen without a face to face consult? [ ]

- The condition is effecting your quality of life? Eg self esteem, ability to be active, work and/or sleep etc [ ]

**Outcome of risk assessment:**

- Proceed with online consult [ ]
- Proceed with face to face consult – screening & informed consent to be completed on day of consultation [ ]
- Do not proceed at this time. (Please state why below) [ ]

Physiotherapist name (print)\_\_\_\_\_

Physiotherapist sign\_\_\_\_\_ Date\_\_\_\_\_

Client name (print)\_\_\_\_\_

Client sign\_\_\_\_\_ Date\_\_\_\_\_