

CHEAM NATURAL HEALTH CLINIC

Clemence Chiffot

Master in Osteopathic Medicine (M.Ost, Hons)

Registered Osteopath,

Registered with the General Osteopathic Council

18, Warren Avenue,

Cheam, Surrey,

SM2 7QL,

020.8642.6639

NAME: _____

D.O.B: _____ (AGE: _____)

BLOOD GROUP: _____

COVID-19 STATUS: Tested positive/negative/no test

Had symptoms/has not had symptoms

Date:

LOCKDOWN STATUS: Self-isolating by self/with others

Working from home/office

With individual(s) at risk: y/n

With individual(s) at risk: y/n

	Yes	No
Have you had an organ transplant?		
Have you had a bone marrow or stem cell transplant in the past 6 months, or are you still taking immunosuppressant medicine?		
Have you undergone/are you undergoing any cancer treatment (such as chemotherapy, immunotherapy or radiotherapy)?		
Have you had any blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)?		
Have you been diagnosed with a lung condition (such as asthma, COPD, emphysema, bronchitis, cystic fibrosis)?		
Have you been diagnosed with a heart condition (high blood pressure or heart failure)?		
Have you been diagnosed with diabetes?		
Have you been diagnosed with chronic kidney disease or had a liver disease (such as hepatitis)?		
Have you been diagnosed with a condition affecting your brain or nerves (such as Parkinson's disease, motor neuron disease, multiple sclerosis, or cerebral palsy)?		
Have you been diagnosed with a condition which makes you at higher risk of getting infections (such as SCID, sickle cell, lupus, scleroderma, HIV)?		
Have you been diagnosed with spleen problems, or have had it removed?		
Are you taking medications which can affect your immune system (such as steroids)?		
Are you severely overweight (BMI of 40 or above)?		
Are you pregnant?		

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Medication list:	Operation history:
.....
Other comment:	
.....	

DECLARATION

I hereby confirm that the information provided herein is accurate, correct and complete to the best of my knowledge. I undertake to inform you (Clemence Chiffot, Registered Osteopath) of any changes to the information already provided.

LIABILITY WAIVER

I hereby understand and acknowledge that the assessment/ treatment held by *Clemence Chiffot at 18 Warren Avenue, SM2 7QL, CHEAM* may expose me to many inherent risks, including injury, illness, or even death following exposure to the novel coronavirus 19. I assume all risks of injury, illness and death related to a possible exposure to the novel coronavirus 19, associated with participation/attendance including, but not limited to contact with other patients, their personal belongings and all other such risks being known and appreciated by me during my participation in this assessment/ treatment. I acknowledge that I am physically fit and mentally capable of attending the assessment/ treatment I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Clemence Chiffot furnishing her services to me, **I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE with Clemence Chiffot as well as associated practitioners from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in assessment/ treatment in the terms specified above.**

By my signature I indicate that I have read, and I understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Patient's Name: _____

Patient's Signature: _____ Date: _____

