**Patient consent for treatment during COVID-19 pandemic**

I ………………………………..(patient’s name) understand that I’m hoping for the following

treatment ………………………………………………………………………………………………………………

I am aware that this is an elective medical or Aesthetic treatment/ procedure or surgery.

The consultant/ practitioner looking after you has recommended a treatment/intervention for your condition. You and your consultant/ practitioner will have discussed the options and the reasons for the treatment/intervention recommended.

**In addition to the normal risks and benefits of any treatment/intervention it is important that you are made aware of specific risks during the Coronavirus pandemic and that you also take certain precautions.**

I understand that the coronavirus COVID-19 has been declared a worldwide pandemic by the world health organisation and that COVID-19 is extremely contagious and is believed to spread by person-to-person contact and as a result, social distancing is recommended.

This is not entirely possible with my proposed treatment; however, I am satisfied that safety measures are in place to minimise this as much as possible and the patient contact will be kept to an absolute minimum in line with medical need. ……………. Initials

I understand that the clinical staff have put in place reasonable preventative measures and to reduce the spread of COVID-19, however, given the nature of virus I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with treatment. Coming into the clinic will require you to come into contact with staff who could unknowingly be carrying Coronavirus. Equally, you could be infected and not yet showing symptoms. …………….. Initials

I understand that if I suffer from CORONA VIRUS-19 after the procedure, there might be a higher risk of death and suffering from the disease. …………….. initials

We are learning about Coronavirus all the time. There may be some risks that we are not yet aware of, that may also affect the outcome of your procedure/intervention. In light of the information above, if you decide to delay treatment/intervention your consultant will discuss alternative care options until the crisis has passed. ……………………. initials

I understand that contracting CORONA VIRUS-19 may result in the following; extended quarantine/self-isolation, additional tests, hospitalisation that may require medical therapy, intensive care therapy, intubation/ventilator support, increased complications for the treatment I am having, and other potential complications associated with CORONA VIRUS-19 treatment thereby affecting your ability to earn, enjoyment of life and overall reduction in quality of life. ………………….initials

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and they still be highly contagious. I understand that COVID-19 can cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with medical or aesthetic treatment/ procedure or surgery itself …………………….initials

I have been given the option to defer my medical or aesthetic treatment/procedure/surgery to a later date. However, I understand all day potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19 and I would like to proceed with my design medical treatment/procedure/ surgery. ………………initials

I confirm that I am not presenting with any of the following symptoms of COVID-19 which includes

Fever

shortness of breath

loss of sense of taste or smell

dry cough

runny nose

sore throat

I understand that air travel significantly increases my risk of contracting and transmitting the covered virus. I confirm that I have not travelled in the past 14 days. ………………..initials

I confirm that if I develop COVID-19 symptoms following my medical or aesthetic treatment/procedure/ surgery or a known contact of mine develops symptoms, I will immediately inform the clinic to enable appropriate measures to be put in place and contact tracing to commence.

I hereby knowledge and assume the risk of becoming infected with COVID-19 through this elective medical or aesthetic treatment/ procedure surgery and I give my express permission to proceed. …………………….initials

Patient Name:

Sign:

Date: