

## Covid-19 Consent Form

I understand that I am opting for an elective treatment that may not be essential but that I feel is necessary for my wellbeing.

I also understand that the novel coronavirus, SARS-CoV2 which has caused COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that SARS-CoV-2 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, the UK Government and healthcare agencies recommend social distancing with the exception of necessary activities.

I recognise that (the team/Named practitioner/responsible clinician) at .....is/are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19.

However, given the nature of the virus, I understand that there is an inherent risk of becoming infected with SARS-CoV2 by meeting with people in any environment or visiting areas with high traffic volumes. The wearing of appropriate Personal Protective Equipment (PPE) has been shown to be effective at reducing this risk (but not eliminating it) in medical environments.

I understand that I increase the risk of getting Covid-19 by leaving my house for any reason including attending my appointment at (clinic name). If I become infected, I risk passing this on to those people I meet and live with including those who are shielding. I understand and will adhere to the Clinic's infection control policy as advised.

Minimally invasive Cosmetic Treatments are low risk Medical Procedures with respect to SARS-CoV2 transmission but are not risk free. I understand, acknowledge, and assume responsibilities for these risks.

I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test.

I understand that I may not show any symptoms even after being infected with SARS-CoV2.

I understand that possible exposure to SARS-CoV2 before/during/after my treatment may result in the following: a positive COVID-19 diagnosis, extended self-isolation, additional tests, hospitalisation that may require medical therapy.

I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time, in addition to the risks described, as well as those risks for the treatment itself.

I have been given the option to defer my treatment to a later date. However, I understand all the 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 desired treatment.

It is possible that I may become positive for Covid-19 before, during or after my treatment. It is also possible there will be a second wave of infections that require a further lockdown and the closing of the clinic. This may affect my follow up treatments, planned course of treatments or review appointments. Should that happen whilst (Clinic name/practitioner name) will look after you they might be unable to see you in person and any assessment,

management and support can only be provided by telephone or video call, remotely. Corrective treatments will be delayed until lockdown is released. If this risk is unacceptable you should not proceed with any treatment. No refunds or financial compensation can be offered for circumstances beyond our control. By booking a treatment you are accepting these risks and terms.

I understand there is a very low risk of reaction/swelling of dermal fillers when the immune system is stimulated. I have not/will not have a COVID 19 VACCINE within 4 weeks of dermal filler treatment.

Botox treatment can cause mild viral symptoms that can be similar to the side effects of the COVID 19 VACCINE.

I have not/will not have a COVID VACCINE within 2 weeks of treatment of botox.

**I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND  
CONSENT TO THE PROCEDURE.**

**Patient or Person Authorised to Sign for Patient:**

**Name:**

**Date:**

**Signature (electronic is acceptable):**

**Practitioners signature:**