

**This consent form is to be completed in addition to individual treatment consent forms**

## **COVID-19 Consent Form**

I \_\_\_\_\_ (Client Name)  
understand that I am opting for an elective aesthetic consultation/treatment/procedure. This procedure may not be essential but I feel it is necessary for my wellbeing.

I understand that the novel coronavirus SARS-COV2 which has caused COVID-19 has been declared a worldwide pandemic by the World Health Organisation. 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 risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical need.

I understand the Management and Clinical Staff are closely monitoring the 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 there is an inherent risk of becoming infected with COVID-19 by virtue of leaving my house, 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 risk) in medical environments.

I understand I increase the risk of getting COVID-19 by leaving my house for any reason, including attending my appointment at Fill Your Face Aesthetics. COVID-19 virus has a long incubation period during which, carriers of the virus may not show symptoms and may still be highly contagious. I understand I may not show any symptoms after being infected with COVID-19 and if I become infected I may pass COVID-19 on to 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.

I understand that COVID-19 may cause additional health risks, some of which may not currently be known at this time, in addition to those risks associated with the medical consultation/ treatment/ procedure itself. Minimally invasive cosmetic treatments are low risk medical procedures with respect to COVID-19 transmission but are not risk free. I understand, acknowledge and assume responsibility for these risks.

I have been given the option to defer my aesthetic consultation/treatment/procedure 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 aesthetic treatment/procedure.

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

It is possible that I may become COVID-19 positive before, during or after my treatment. It is possible there may be a second wave of COVID-19 infections that may result in a further lockdown and subsequent closing of the clinic. This may affect my follow-up treatments, planned course of treatments or review appointments. Should this happen, Fill Your Face Aesthetics may 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 at this time. No Refunds or financial compensation can be offered for circumstances beyond our control.

**I UNDERSTAND THE ABOVE INFORMATION AND HAVE NO FURTHER QUESTIONS AND CONSENT TO THE PROCEDURE**

Patient name ..... Clinician name.....  
Signature..... Signature .....  
Date ..... Date .....