**Patient Consent for Treatment During COVID-19 Pandemic**

**I** …………………………………………. (Patient / Client name) on this **Date**……………….understand that I am opting for an elective medical treatment /procedure /and or Acupuncture and traditional Chinese medicine treatment. ***(Circle as appropriate)\****

I understand that the novel coronavirus COVID-19 has been declared a worldwide pandemic by the World Health Organisation (WHO) 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 risk as much as possible, and patient contact will be kept to an absolute minimum in line with medical need, ……………… ***(Px / Client Initials)\****

I understand the Management and Clinical Staff are closely monitoring the COVID-19 situation and have put in place reasonable preventive 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 proceeding with treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective medical treatment/procedure / and or Acupuncture and traditional Chinese medicine treatment, and I give my express permission to proceed. ………………. ***(Px / Client Initials)\****

I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and 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 the medical treatment/procedure itself. ……………. ***(Px / Client Initials)\****

I have been given the option to defer my medical treatment/procedure/ and or Acupuncture and traditional Chinese medicine 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 medical treatment/procedure. ……………… ***(Px / Client Initials)\****

I confirm that I am ***not*** presenting with any of the following symptoms of COVID-19 listed below;

* Fever
* Shortness of breath
* Loss of Sense of Taste or Smell
* Dry Cough
* Runny Nose
* Sore Throat
* ………………………. ***(Px / Client Initials)\****

I understand that air travel significantly increases my risk of contracting and transmitting the

COVID-19virus. I confirm that I ***have not*** travelled by air in the past **14 days** ………….. ***(Px / Client Initials)***\*

I confirm that if I develop COVID-19 symptoms following my medical treatment/procedure / and or Acupuncture and traditional Chinese medicine treatment - or a known contact of mine develop symptoms, I will immediately inform

**‘The Denwood Clinic’** to enable appropriate measures to be put in place and contact tracing to commence……………***(Px / Client Initials)\****

Patient name …………………………. Practitioner name …………………………………………..

Signature ……………………..………. Signature …………………………………………………...