

COVID-19 RISKS - INFORMED CONSENT – Before Admission, Interventions (Injections) & Surgery

I _____ (patient name), (Date of Birth _____),

residing at _____

understand that I am opting for the following **ELECTIVE MANAGEMENT** (that is not urgent and may not be medically required on an emergency or Urgent basis) namely -

	Select either Yes or No	
• Hospital Admission	YES	NO
• Treatment	YES	NO
• Spinal Interventions (Injections / Rhizolysis)	YES	NO
• Surgery	YES	NO
• Others _____	YES	NO

I understand these above management(s) is(are) not urgent and may not be medically required on an emergency or urgent basis.

I also understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is extremely contagious and is believed to spread by person-to-person contact; and, as a result, many organisations and societies have recommended social distancing.

I understand that Mr Raman Kalyan and all the staff of _____ (Hospital name) are closely monitoring this 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 this elective Admission / Treatment / Spinal interventions / Surgery. I hereby acknowledge and assume the risks of becoming infected with COVID-19 through this elective management / Admission / Treatment / Spinal interventions / Surgery, and I give my permission for Mr Raman Kalyan and all the staff at _____ (Hospital name) to proceed with the same.

Please Tick <input checked="" type="checkbox"/> all Boxes <input type="checkbox"/> below to agree	
<input type="checkbox"/>	I understand that any hospital visits or being in a hospital environment for consultations, investigations, admission and treatment can lead to increased risk of contracting the Covid-19 infection. Coming into hospital will require that I come into contact with members of staff or other patients who could unknowingly be carrying coronavirus. Equally I could be infected but not yet showing symptoms.
<input type="checkbox"/>	I understand that, even if I have been tested for COVID and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID after the test.

Please Tick <input checked="" type="checkbox"/> all Boxes <input type="checkbox"/> below to agree	
<input type="checkbox"/>	I have been given the option to avoid or defer or delay any non-urgent medical managements / Admission / treatment / Spinal Interventions / Surgery at this time to a later date.
<input type="checkbox"/>	I have discussed all other alternative options including - avoiding any medical managements, conservative treatments, other non-interventional treatments and delaying any treatment or management at this time.
<input type="checkbox"/>	I understand that possible exposure to COVID-19 before/during/after my Admission / Treatment / Spinal Interventions / Surgery may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death.
<input type="checkbox"/>	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 herein, as well as those risks for the Admission / Treatment / Spinal Interventions / Surgery itself.
<input type="checkbox"/>	In addition, after my elective Admission / Treatment / Spinal Interventions / Surgery, I may need additional care that may require me to go to a hospital or other treatment facilities.
<input type="checkbox"/>	I have been advised by Mr Raman Kalyan to ask the Hospital team, where my medical management is being undertaken, about the additional risks from this pandemic, and their guidelines and reasonable preventive measures aimed to reduce the spread of the infection.
<input type="checkbox"/>	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 Admission / Treatment / Spinal Interventions / Surgery.
<input type="checkbox"/>	I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this elective treatment/procedure/surgery can lead to a greater chance of complication and death.
<input type="checkbox"/>	Overall, I understand, in addition to the usual risks and benefits of any medical managements, I am aware of the specific risks during the coronavirus (COVID-19) pandemic.

I UNDERSTAND THE EXPLANATION AND HAVE NO MORE QUESTIONS AND CONSENT TO THE ADMISSION / TREATMENT / SPINAL INTERVENTIONS / SURGERY.

Patient or Person Authorized to Sign for Patient

Date

Witness

Date

I have been offered a copy of this consent form (patient's initials) _____