

Patient Agreement to Covid-19 Investigation and Treatment Arrangements

Patient details	
Patient Surname:	Affix Patient Label Here:
Patient First Name:	
Date of Birth:	
Address:	
Contact Number:	NHS Number:
Name of Consultant Seeking Consent:	
Does the patient have any special requirements (e.g. learning support, language or communication)?	
Statement of Health Professional Seeking Consent	
<p>Key Information for Patients</p> <p>Nuffield Health will do everything we can to provide surgery at this time.</p> <p>This form is to help you understand that your surgical care may be affected in many ways. We must be clear that:</p> <ul style="list-style-type: none"> - Your assessment and care may be disrupted, delayed or performed differently during the pandemic. - Coming to hospital might increase your chances of contracting coronavirus, or you may be already carrying it when you come for your operation. - If coronavirus infection occurs when you have surgery or whilst in hospital, this could make your recovery more difficult, or increase your risk of serious illness or death. - We will do everything we can to perform your procedure, keep you safe and to provide you with information at all stages. We will listen to your concerns and discuss them. - You may wish to delay your operation and we would understand your reasons for this. However future dates for surgery may take much longer than normal to arrange. - Your Consultant will discuss the risks and benefits of having your procedure now or delaying it. <p>The following outlines the ways in which your surgical care may be different to normal: Before your procedure:</p> <ul style="list-style-type: none"> - Most of your consultations will occur virtually, or by telephone or email and letter. We will only invite you into the hospital if clinically indicated to do so. - We may ask you, your GP or your local hospital to email or post medical information to us. - You will be sent a copy of your consent form that explains your procedure. - Your pre-operative assessment will be by telephone with a nurse and we will only invite you into the hospital if clinically indicated to do so. - You will be required to complete a coronavirus risk assessment at various stages before your procedure. 	

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- You will be required to have a coronavirus test (a nose and throat swab) within 72 hours of your procedure.
- Your operation is likely to be postponed if you test positive for coronavirus, present with symptoms or are unwell.
- Routinely, we will ask you to self-isolate/shield for 14 days before your procedure, unless it is an emergency. This means that you should not leave your house. Do not attend any gatherings (this includes gatherings of friends and families in private spaces, for example, family homes, weddings and religious services), and strictly avoid contact with someone who is displaying symptoms of coronavirus (these symptoms include high temperature and/or a new and continuous cough).
- If you have had coronavirus, or think you have had coronavirus, within the last 6-8 weeks, you will need further tests to confirm that you are no longer carrying the virus. This will include a blood test to look for inflammatory markers and a CT scan or X-ray of your chest.

Your procedure:

- You may not meet your surgeon(s) until the day of your procedure.
- Staff will be wearing protective equipment.
- Wards, rooms and departments may be reorganised.
- It is likely you will not be able to have your family and friends visit whilst in hospital.

After your procedure:

- You will be discharged from hospital when you are ready, or may be moved elsewhere to a 'step-down' unit to complete your recovery.
- You will be advised to self-isolate for a period of 7 days following your surgery. This will be discussed with you at the time of discharge.
- We will check on you by telephone.
- Some follow up care, or emergency admission may need to happen at your local hospital.

Patient Coronavirus Statement (please check and sign)

I acknowledge and understand the information above.

I agree to undertake the following steps prior to my procedure:

- Self-isolate or shield for 14 days.
- Undergo testing for coronavirus.
- Declare any coronavirus symptoms or any potential exposure to coronavirus.
- Disclose whether I have had confirmed or potential coronavirus within the last 6-8 weeks.

Name (PRINT):

Relationship to Patient:

Signature:

Date:

Interpreter Statement (where applicable)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Name (PRINT):

Signature:

Date:

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Patient Coronavirus Declaration (To be signed by the patient on admission)	
I declare that: <input type="checkbox"/> I do not have any symptoms of coronavirus <input type="checkbox"/> To the best of my knowledge, I have not been exposed to coronavirus	
Name (PRINT):	Relationship to Patient:
Signature:	Date:
Confirmation of Consent To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance	
I have confirmed that the patient has no further questions and wishes the procedure to go ahead.	
Name (PRINT):	Job Title:
Signature:	Date: