SG AESTHETICS

SG Aesthetics is glad to be back and looking forward to seeing you.
Due to the Covid-19 pandemic, we are opening with strict rules in place to ensure the health and safety of our staff and customers until further notice.
Booking:

- Waiting list clients will be offered first refusal on appointments.
- A Covid-19 Medical Questionnaire will be emailed to your perusal and retention. You will be asked to sign an electronic version on the day of your appointment.
- Any cancellation must be made giving at least 24 hours' notice, otherwise, a £50 deposit will need to be taken for the next booking.

What to expect at the appointment:

- Please **DO NOT** attend the clinic or appointment if you have Covid-19 or any of the symptoms.
- Please make sure you attend your appointment on time. We may not be able to carry out your treatment or consultation if you are late.
- To maintain social distancing, we can only have **ONE** customer in the clinic space at any one time. Please wait outside the building or in your car until SG Aesthetics contacts you on your mobile to let you know they are ready for you. We will endeavour to be on time.
- Please **DO NOT** bring anyone with you into the clinic and keep belongings to a minimum. You can bring your own face mask if you wish or a facemask can be provided for you.
- On arrival, you will be asked to wash and sanitise your hands. Your temperature will be taken.
- Our practitioner will be wearing full PPE at all times which will be renewed for every customer. The clinic areas will be cleaned in between patient treatments.
- After treatment, you will be asked to pay by debit or credit card.
- Follow -up appointments will NOT be made routinely
- You will be asked to re-wash and sanitise your hands before leaving.

We would like to thank you in advance for your understanding and co-operation in these unprecedented times.

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I _____ (patient name) understand that I am opting for an elective medical consultation/treatment/procedure.

I understand that the novel coronavirus, the World Health Organization has declared COVID-19, a worldwide pandemic 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 a medical need. _____ (initials)

I understand the Management and Clinical Staff are closely monitoring the COVID-19 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 proceeding with treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective consultation/medical treatment/procedure, and I give my express permission to proceed. _____ (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 consultation/ treatment/procedure itself. _____ (initials)

I have been given the option to defer my medical 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 medical treatment/procedure_____ (initials)

I confirm that I am not presenting with any of the following symptoms of COVOID-19 listed below: • Fever

- Shortness of Breath
- Loss of Sense of Taste or Smell
- Dry Cough
- Runny Nose
- Sore Throat
- _____ (Initials)

I understand that air travel significantly increases my risk of contracting and transmitting the COVID- 19 virus. I confirm that I have not travelled in the past 15 days _____ (initials)

I confirm that if I develop COVID-19 symptoms following my medical 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 _____ (initials)

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

Clinician name ..... Signature .....

Date .....

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PRE - APPOINTMENT WELLNESS SCREENING CHECKLIST

Patient Name_____ DOB_____

SYMPTOM CHECK:

1 Have you experienced ANY of the following symptoms within the last 14 days?

Temperature of feeling feverish	YES ☐	NO ☐
New cough	YES ☐	NO ☐
Sore throat	YES ☐	NO ☐
Shortness of breath	YES ☐	NO ☐
Flu-like symptoms such as fatigue, headache	YES ☐	NO ☐
Nausea or Diarrhoea	YES ☐	NO ☐
Chills or shivering	YES ☐	NO ☐
Muscle pains or rash	YES ☐	NO ☐
Loss of taste OR smell	YES ☐	NO ☐

2 Have you been diagnosed or suspected of having COVID-19 YES ☐ NO ☐

- Have you had a throat and nasal swab? _____
- Did you test Positive or Negative? _____
- Date Of Test _____
- Have you had an antibody blood test? _____
- Was it Positive or Negative? _____
- Date of Test _____

FAMILY AND CLOSE CONTACTS:

1 Are any of your family members or immediate/close contacts currently sick or experiencing:

Fever, Cough, Shortness of breath or Flu-like symptoms?	YES ☐	NO ☐
Sore throat, Muscle aches, Fatigue, Nausea & Diarrhoea?	YES ☐	NO ☐

2 Have any of your family members or immediate/close contacts been diagnosed with COVID-19?

If yes, when? _____

RECENT TRAVEL:

1 Have you recently travelled internationally, travelled within the UK or attended a public event in the last 15 days?

If yes, where and when? _____

2 Has any of your family or close contacts recently travelled internationally, travelled within UK or attended an event in the last 15 days?

If yes, where and when? _____

PATIENT NAME (PRINT) _____

PATIENT SIGNATURE: _____ DATE _____