

Neil Hopkins Biokineticist & Associates

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COVID-19 RISK INFORMED CONSENT (MUST BE SIGNED BY ALL PATIENTS OLDER THAN 12 YEARS)

I _____ the undersigned understand that I am opting for **elective** biokinetics treatment.

1. I have been **given the option to defer my treatment to a later date or via an online telehealth consultation**. 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 treatment despite the COVID-19 risk**.
2. I 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 the South African Government and international health agencies recommend social distancing.
3. I understand that, even if I have been tested for COVID-19 and received a negative test result, the tests in some cases may fail to detect the virus or I may have contracted COVID-19 after the test. 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 can lead to a higher chance of complication and in extreme circumstances death.
4. **I understand that possible exposure to COVID-19 before/during/after my treatment 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. In addition, after my elective treatment/procedure/surgery, I may need additional care that may require me to go to an emergency room or a hospital.**
5. 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 treatment itself.
6. I recognize that Neil Hopkins Biokineticist has been closely monitoring this situation and has 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 this elective treatment.**
7. **I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this elective treatment and I give my express permission for Neil Hopkins Biokineticist to conduct treatment at my request.**

Date: ____ / ____ / ____

SIGNED: PATIENT / GUARDIAN IF PATIENT IS YOUNGER THAN 12.