

## Elective Surgery or Procedure During COVID-19 Pandemic

Date \_\_\_\_\_ Birthdate \_\_\_\_\_  
Hospital No \_\_\_\_\_ Address \_\_\_\_\_  
Patient Name \_\_\_\_\_

The Provider(s) has discussed with me:

- There is a lack of research on the true risks of elective procedures during the COVID-19 pandemic. This is an area of ongoing uncertainty and investigation.
- Despite safeguards used to minimize infection, there is a risk that performing this elective surgery or procedure, and the care associated with it, may result in my becoming infected with COVID-19. Such infection could further result in significant sickness, disability, or death.
- During this pandemic, daily operations at the health system have changed in a way that may affect my perioperative care and experience. Visitor restrictions may alter my or the ability of my caregivers to communicate with my family and loved ones if I am an inpatient.
- There is an uncertain but likely increased risk of contracting COVID-19 with travel and surgery compared to strict social distancing.
- My surgery could be canceled or rescheduled with short notice if the health system is unable to maintain the required testing, workforce staffing, bed, facility capacity, supplies or personal protective equipment availability.

### Operation or Procedure

I understand the risks of having an elective surgery or procedure during the COVID-19 pandemic. All of my questions and concerns have been addressed by the provider. I am prepared to accept the risks involved.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

(Signature of patient or person authorized to consent) Relationship \_\_\_\_\_

Witness to Patient's

Signature (Surgeons / Proceduralist) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ A.M./P.M.

Consent Secured:  Elsewhere  Office  Hospital

### MONITORED TELEPHONE CALL

Provider making call: \_\_\_\_\_ Person Called: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Call Completed on: Date \_\_\_\_\_ Time \_\_\_\_\_ Call Monitored by: \_\_\_\_\_