



COVID-19 CONSENT FORM

Mandatory form for visiting Life on Dreams Limited during the pandemic.

Please check all the boxes to indicate that you agree with the statement.

	Yes	NO
I knowingly and willingly consent to a face to face appointment during the COVID-19 pandemic.		
I understand that COVID-19 has a long incubation period during which virus carriers may not show symptoms and it is impossible to determine who has it within current testing capacity.		
I have been made aware of the guidelines that under the current pandemic a virtual first approach will be followed and, if appropriate, a session should be carried out online where possible.		
Face to face appointments should be limited to those that cannot be performed virtually, due to the impact on your mental health causing limitation to your ability to work or perform activities of daily living or causing emotional/psychological stress. I confirm I am seeking an appointment that meets this criteria.		
I confirm that I have not had any of the following symptoms in the last 10 days: fever, shortness of breath, loss of sense of taste or smell, dry cough or sore throat.		
I confirm that I am not in the clinically extremely vulnerable category and therefore advised to shield by the government.		
I confirm I have not been in close contact with anyone with confirmed COVID-19 without wearing appropriate PPE.		
I have had the opportunity to ask all the questions I wish to, and all of my questions have been answered to my satisfaction.		
I solemnly and sincerely declare that the information I have provided is true and correct.		

Signed: _____ Date: _____