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| **Dr L J Watts** | **Alexander House Surgery** |
| **Dr M Serpant** | **2 Salisbury Road** |
| **Dr K J Hampshire** | **Farnborough** |
| **Dr A E Earl** | **Hampshire** |
|  | **GU14 7AW** |
|  | **Tel: 01252 541155** |
|  | [**nehccg.alexanderhousesurgery@nhs.net**](mailto:nehccg.alexanderhousesurgery@nhs.net) |

**Steroid Injections at Alexander House Surgery**

Following on from your recent consultation we are writing to you to request that you complete the enclosed consent forms prior to us booking an appointment for you to have a steroid injection

Please return the forms to the surgery (marked for the attention of Julie Herbert) at your earliest convenience. Once received and checked we will then contact you to make a suitable appointment.

Yours sincerely

**Alexander House Surgery**

**Alexander House Surgery**

**2 Salisbury Road, Farnborough, Hampshire, GU14 7AW**

**Consent form for Invasive Procedures at a General Practice**

**NAME**

**DATE OF BIRTH**

**ADDRESS**

I consent to the procedure of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and understand the risks and benefits *(Bleeding, Infection, Scarring, Nerve damage)*

I have seen the Practice information sheet and have had the procedure verbally discussed with me.

**Signed** **Drs Name**

**Date** **Drs Signature**

**Practice Stamp**

Drs L Watts, M Serpant, K Hampshire, & A Earl.

Alexander House Surgery

2 Salisbury Road

Farnborough

Hants

GU14 7AW

Tel: 01252 541155 Fax: 01252 370569

For Administrative Use:

Please state the time required to complete Minor Surgery procedure

­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Minutes

**IMPORTANT NOTE**

**A prescription which is annotated with ‘Dispensed from Bag’ MUST be submitted to Admin**

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| **Alexander House Surgery** |
| **2 Salisbury Road, Farnborough, Hampshire, GU14 7AW** |
| **Tel: 01252 541155** |
| [www.alexanderhousesurgery.com](http://www.alexanderhousesurgery.com) |

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| --- |
| **Patient questionnaire and consent form for steroid injections during the Covid-19 pandemic period** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Yes | No |
| 1 | Has your clinician or the one making this referral discussed the risks of having a steroid injection during the Covid-19 pandemic? |  |  |
| 2 | Are you aware that this steroid injection may temporarily suppress your immune system? |  |  |
| 3 | Are you aware that following this injection, if you contract Covid-19, that the steroid could potentially cause your illness to be more severe? |  |  |
| 4 | Are you aware that there is a lack of evidence as to what are the exact risks of having a steroid injection during the Covid-19 pandemic? |  |  |
| 5 | Do you have any recent or current symptoms suggestive of Covid-19, such as a dry cough, raised temperature, flu-like symptoms or loss of sense of smell? |  |  |
| 6 | Have you followed the advice you were given about social distancing before the injection and understand the advice about social distancing after the injection? |  |  |
| 7 | Given the information and my answers above, I wish to proceed with the injection: |  |  |

|  |  |
| --- | --- |
| Patient Name |  |
| Patient Signature |  |
| Date |  |

*Internal Use:*

I confirm that the appropriate discussion has been had and that I have reviewed the patient’s answers:

|  |  |
| --- | --- |
| Clinician Name |  |
| Clinician Signature |  |
| Date |  |