



Therapy consent form

Please sign each section to indicate that you understand each topic. Do not sign if you desire more information.

Client name

Address

Phone numbers

How does it work?

By inhibiting the release of acetylcholine, which prevents the nerve impulses arriving at the muscle to cause contraction. The muscle therefore is temporarily paralysed, but this is reversible in time and the muscle itself is not damaged.

Proposed treatment

Injection, via a micro needle, of a very small amount of VISTABEL® into the specific muscle causes weakness or paralysis of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed.

Signature:

Anticipated benefit

Response is usually seen 2-10 days after injection. Typically, the muscle action (and lines) will return in 3-4 months. At this point, a repeat treatment will relax the muscle and soften the lines again. With each subsequent treatment, the results become longer lasting.

Signature:



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Special precautions

I understand that there are certain conditions where VISTABEL® treatments are not recommended. These include:

- Neurological disease, such as Myasthenia Gravis
- Pregnancy and breastfeeding
- Blood coagulation disorder or taking of any anti-coagulants
- Taking of Aminoglycoside antibiotics, streptomycin or any muscle relaxants.

None of the conditions above apply to me

Signature:

Risks and complications

Side effects with this treatment are rare; however you need to be aware of the following:

Immediately after treatment, there may be some mild swelling and redness, but this usually settles within a few hours and as with any injection therapy there is always a risk of infection but this is very uncommon.

Possible temporary side effects include: transient headache, swelling, bruising, nausea, drooping of the eyebrow or upper eyelid, heightened brow elevation, allergic reactions, brief visual disturbance.

Signature:

Photographs

I am happy to allow before and after treatment photographs to be taken of the areas to be treated for my records.

Signature:



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I understand that there may be a higher possibility of temporary side effects if I do not follow certain instructions and will adhere to these instructions from the time of treatment. These include:

- I will not lie down or bend forward for extended periods of time for at least 4 hours from the time of treatment.
- I will not massage or manipulate the treatment areas for at least 4 hours after treatment

In order to maximise results I agree that I will

- Gently exercise the treated muscle(s) for 1 hour
- Avoid any chemical peels, sun beds or laser treatments for the next 7 days
- Avoid any flight for 4 days.

Signature:

Limitations

VISTABEL® is best for treating dynamic facial lines, those caused by facial muscle activity. A treatment may be effective for variable lengths of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all.

Signature:

Cost/Fees

Payment for this aesthetic procedure is my responsibility. Following our consultation and treatment the fees payable today will be £

Signature:



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Follow-up

I agree to visit my VISTABEL® practitioner in 10 – 14 days to check on my satisfaction with the treatment and to photograph the aesthetic results.

I have read the above and understand the information provided.

I consent to the administration of VISTABEL®.

I understand that the practise of medicine and surgery is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

Client name:

Client signature:

Witnessed by (signature of practitioner):

Date:

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

Patient's surname/family name.....

Patient's first names

Date of birth

Responsible health professional.....

Job title

NHS number (or other identifier).....

Male

Female

Special requirements

(eg other language/other communication method)

To be retained in patient's notes

Patient identifier/label

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

.....

.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

.....

.....

Serious or frequently occurring risks

.....

.....

Any extra procedures which may become necessary during the procedure

- blood transfusion.....
- other procedure (please specify)
-

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

The following leaflet/tape has been provided

This procedure will involve:

- general and/or regional anaesthesia
- local anaesthesia
- sedation

Signed:..... Date ..

Name (PRINT) Job title

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed Date

Name (PRINT)

Top copy accepted by patient: yes/no (please ring)

Statement of patient

Patient identifier/label

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy of page 2 which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.
.....
.....
.....

Patient’s signature Date.....
Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes).

Signature Date
Name (PRINT)

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed:..... Date
Name (PRINT) Job title

Important notes: (tick if applicable)

- See also advance directive/living will (eg Jehovah’s Witness form)
- Patient has withdrawn consent (ask patient to sign /date here)

Guidance to health professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an *aide-memoire* to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

The law on consent

See the Department of Health's *Reference guide to consent for examination or treatment* for a comprehensive summary of the law on consent (also available at www.doh.gov.uk/consent).

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is 18 or over and is not legally competent to give consent, you should use form 4 (form for adults who are unable to consent to investigation or treatment) instead of this form. A patient will not be legally competent to give consent if:

- they are unable to comprehend and retain information material to the decision and/or
- they are unable to weigh and use this information in coming to a decision.

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives **cannot** be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page 2 of the form or in the patient's notes.