A close-up of a lips print

Description automatically generated

**Consent Policy**

Date effective: 02/02/24

Date review: 02/02/25

Version no: 1

Policy owner/author: Robyn Duffy

As per the standards set in the Health and Social Care Standards, NMC Code of Conduct and Scottish Law including the Adults with Incapacity Act (2000) and Mental Health (Care and Treatment) Scotland Act (2003), Robyn has created a consent form that will be used via the Fresha App for booking appointments. This is to reduce paper used, protect client confidentiality, and maintain GDPR rules. The consent form will be sent for every treatment every time a client books a service.

A full understanding of the treatment aims, expectations and motivations will be discussed and documented. This will include alternative treatment options discussed. A list of potential side effects for injections and Botox specific injections will be listed including common, uncommon, and rare side effects. The brand name of product used, and an expected outcome section will also be included before both Robyn and the client electronically sign and date to consent to the treatment. A separate consent form will be used for Derma Filler and Hyalase that will include the same questioning suited for that treatment.

It is important to note that there is different forms of consent. To proceed with treatment at Refine Beauty Aesthetics, a written consent will be required via the consent form but a verbal consent will be requested prior to commencement of the treatment. This is to ensure that the client is happy to proceed with the treatment and give the option to change their mind if they so wish.

An example of the consent form has been included below:

**Botulium Toxin Consent Form (Upper face)**

Patient name:

Patient DOB:

Patient address:

Patient email address:

Patient telephone number:

Botulism Toxin Informed Consent (Upper face):

Aim of Treatment – The aim of this treatment is to significantly reduce the movement of the muscles causing expression lines, thus improving the appearance of such lines. Refine Beauty Aesthetics uses Botox and Azzalure products.

Motivations and Expectations: (This section will include client motivations and expectations of the treatment and the discussed manageable goals and expectations of the treatment.)

Alternative Treatment Options I have been advised I may consider/Acceptance of present condition: This section will document compliance with the requirement to present alternative treatment options if any given the patient’s specific goals and expectations.

Common side effects with injections:

* Pain and stinging sensation when the injection is performed
* Localised swelling, tenderness, and redness
* Bleeding at sites of injection
* Bruising
* Numbness or itching of the area following injection
* Headaches

The above normally resolve spontaneously within hours or days, but may persist for longer.

* Asymmetry of expression – perfect symmetry may not be achievable; that caused by the treatment can often be corrected at your review appointment

Common side effects associated with treatment with Botulism toxin to the upper face – 1-10% risk:

* Eye lid ptosis (a drooping or heaviness of the eyelid – one or both)
* Brow lid ptosis (heaviness and/or lowering of the brow)
* Facial pain

Uncommon side effects 0.1-1% risk:

* Swelling/puffiness around the eyes
* Nausea
* Anxiety
* Dry mouth
* Altered skin sensation (muscle spasm or twitching in the treated area)
* Eye pain, dry eyes, tearing, sensitivity to light, blurred vision, strabismus
* Flu like symptoms
* Itching or dry skin
* Muscles not targeted may be affected
* Infection

Also reported:

* Fever
* Tinnitus/vertigo
* Alopecia
* Rash

*\*This list is not exhaustive; you may ask for a copy of patient information leaflet or check with the summary of products characteristics online.*

Any adverse reactions usually occur within the first few day’s post treatment. Botulism toxin effects are not reversible. They are expected to be temporary in nature usually resolve spontaneously within weeks. Rarely, symptoms may persist for several months.

**Expected Outcome**

Successful treatment should prevent or significantly reduce the expressions causing the lines. Treatment may not cause the expression lines themselves to disappear completely. The expression may not be completely frozen, particularly if extreme effort is exerted to make any expression. Any decision to increase the dose, or repeat treatment, will be made at the discretion of the practitioner, informed by safety and best practice.

**Material Information**

*This text box can include any issues or concerns the patient has and how they have been addressed. It may be that ‘No additional material information disclosed or identified’. Material information might include the patients concerns about unwanted effects because of their job or a special event and what management strategy you have agreed, and the patient has accepted.*

* I understand that though complications are uncommon, they do sometimes occur. It is possible that side effects not described may occur and indeed that a complication not previously reported may occur for the first time.
* I understand if I suffer any adverse reactions that are not expected, or concern me, I must contact the clinic. An appointment will be made for me to be seen. The clinic cannot take responsibility for complications or results that have not been reported, assessed, documented, and managed in a timely fashion.
* I understand that whilst results desired and expected have been discussed, outcomes vary between individuals and cannot be guaranteed.
* I confirm that the medical health history form has been completed truthfully and I am fully aware that withholding medical information, including history of previous treatment, may be detrimental to the safe and optimal outcome of any treatment administered. If there are any changes in my medical history, I must inform the practitioner.
* I confirm that I have been provided with verbal and written information about this treatment which includes aftercare and follow up advice.
* I agree to follow the aftercare advice and understand this reduces risk of adverse reactions and helps ensure optimum results.



* I understand information about me will be treated as confidential and access to it restricted in accordance with the Data Protection Act unless specific permissions given.
* I consent to my medical records being shared with appropriate medical professionals.
* I understand photographs are taken as part of my medical record.



**On occasion it is helpful to share visual images of our own treatment results.**

**I consent to photographs being published for;**

* Educational and training purposes with medical professionals
* Educational purposes with selected patients during consultation
* Educational/promotional purposes in the clinic’s portfolio viewed by selected members of the public
* Educational/promotional purposes on the clinic website
* Educational purposes for selected public events
* I understand that no fee is payable to me or any other person in respect of the material either now or at any time in the future.
* I confirm that the purpose for which the material would be used has been explained to me in terms which I have understood.
* I have taken the time to read;
  + Botulinum Toxin Consent Form
  + Treatment Information Botulinum Toxin
  + Clinic Terms and Conditions



* I accept the clinic terms and conditions. I am satisfied treatment with botulinum toxin has been explained comprehensively and that the possible risks and side effects associated with the treatment have been fully discussed and understood. I have taken sufficient time to process and consider the information provided and any questions I had have been answered to my satisfaction, before making a decision to proceed with the agreed treatment plan.

I have been advised the cost of the treatment will be £………………and accept the terms of payment as per the clinic policy (terms and conditions).

Patients Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Practitioner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_