Dermal filler consent form template (UK)

Patient details

Full name: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Treatment details

Product and brand: _____

Areas to be treated: _____

Approximate volume planned (ml): _____

Date of treatment: _____

About this treatment

Hyaluronic acid dermal fillers are injectable gels used to restore volume, soften folds and refine facial contours. Results are visible immediately, settle over around 2 weeks, and typically last 6 to 18 months depending on the product, the area treated and the individual. No specific outcome can be guaranteed.

Previous treatment disclosure

Have you had dermal filler in any area before, with this clinic or elsewhere? Yes / No

If yes, please give the area, approximate date and product if known:

☐ I confirm I have disclosed all previous filler treatments and any permanent or semi-permanent implants or filler to the best of my knowledge.

Exclusions and screening

☐ I am not pregnant and not breastfeeding

☐ I do not have an active skin infection, cold sore or inflammation at the treatment site

☐ I am not allergic to hyaluronic acid fillers or lidocaine

☐ I have told my practitioner if I have ever had a serious reaction to bee or wasp stings (this matters if filler ever needs to be dissolved with hyaluronidase; it does not necessarily rule out treatment)

☐ I have disclosed all medication I take, including blood-thinning medicines and supplements

☐ I have disclosed any autoimmune condition, keloid scarring or abnormal healing

Risk acknowledgement

I understand and accept the following recognised risks of dermal filler treatment:

☐ Bruising, redness, swelling and tenderness at the injection sites

☐ Lumps, nodules or irregularity, which may need massage, review or dissolution

☐ Asymmetry of result, which may require adjustment

☐ Infection at the injection site

☐ Migration of product from the treated area over time

☐ Delayed-onset swelling or inflammatory reaction, sometimes weeks or months later

Serious risk: vascular occlusion

☐ I understand that filler can rarely be injected into or compress a blood vessel (vascular occlusion). This can cause skin damage and, if untreated, skin necrosis (tissue death and scarring). Extremely rarely, occlusion of vessels supplying the eye can cause visual impairment or blindness.

☐ I understand the warning signs (unusual or worsening pain, white or dusky discolouration of the skin, blistering, any change to my vision) and that I must contact the clinic immediately if they occur, at any time after treatment.

☐ I understand that hyaluronic acid filler can usually be dissolved with hyaluronidase if a complication occurs or the result is unsatisfactory, that hyaluronidase is itself a prescription treatment with its own risks including allergic reaction, and that it requires separate consent.

Photography

☐ I consent to clinical photographs being taken before and after treatment for my confidential patient record.

☐ I additionally consent to my photographs being used for marketing purposes (optional).

Outcome and review

☐ I understand that results cannot be guaranteed, that swelling can mask the final result for around 2 weeks, and that any review or adjustment is assessed at a follow-up appointment rather than on the day.

Patient declaration

I confirm that I have read and understood the information above, including the serious risks, that I have had the opportunity to ask questions and that they have been answered to my satisfaction. The information I have given is true and complete. I consent to dermal filler treatment as described.

Patient signature: _____

Print name: _____

Date: _____

Practitioner declaration

I confirm that I have explained this procedure to the patient, including its intended benefits and material risks (including vascular occlusion), and any available alternative treatments, and that the patient has had the opportunity to ask questions.

Practitioner signature: _____

Print name and qualification: _____

Date: _____