Lip filler consent form template (UK)

Patient details

Full name: _____

Date of birth: _____

Phone: _____

Email: _____

Address: _____

Treatment details

Product and brand: _____

Area: lips / perioral lines / vermillion border (circle or state): _____

Approximate volume planned (ml): _____

Date of treatment: _____

About this treatment

Hyaluronic acid lip filler adds volume, definition and hydration to the lips. Swelling is expected and can be significant for the first 2 to 3 days; the settled result is usually visible at around 2 weeks. Results typically last 6 to 12 months. No specific outcome, shape or size can be guaranteed.

Previous treatment disclosure

Have you had lip filler before, with this clinic or elsewhere? Yes / No

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

☐ I confirm I have disclosed all previous lip treatments, including any filler I believe has not fully dissolved.

Exclusions and screening

☐ I am not pregnant and not breastfeeding

☐ I do not currently have a cold sore, and I have told my practitioner if I have a history of cold sores (filler treatment can reactivate them)

☐ I do not have an active skin infection or inflammation at or near the treatment site

☐ I am not allergic to hyaluronic acid fillers or lidocaine

☐ I have no dental work planned within 4 weeks before or after this treatment

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

Risk acknowledgement

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

☐ Bruising, tenderness and significant swelling, typically worst in the first 72 hours

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

☐ Asymmetry of result, which may require adjustment

☐ Infection at the injection site

☐ Migration of product beyond the lip border over time

☐ Reactivation of cold sores in patients with a history of herpes simplex

Serious risk: vascular occlusion

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

☐ I understand the warning signs (severe or worsening pain, white or dusky discolouration, blistering, any change to my vision) and that I must contact the clinic immediately if they occur, including out of hours.

☐ I understand that hyaluronic acid filler can usually be dissolved with hyaluronidase if a complication occurs or I am unhappy with the result, that hyaluronidase carries 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 will exaggerate the initial appearance, and that the result is assessed at a review appointment at around 2 weeks rather than on the day.

Patient declaration

I confirm that I have read and understood the information above, including the serious risks. I have had the opportunity to ask questions and they have been answered to my satisfaction. The information I have given is true and complete. I consent to lip 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: _____