Skin booster and Profhilo consent form template (UK)

[Clinic name] product-specific skin booster consent record

Form version: [date]

The practitioner must complete the product information, material risks and alternatives before the patient reviews this document. Use additional pages if needed and identify each one by version.

Patient and appointment

Full name: _____

Date of birth / patient record reference: _____

Appointment date: _____

Practitioner name and professional registration, where applicable: _____

Medical history reviewed on: _____

Exact treatment proposed

Product brand and full presentation: _____

Manufacturer: _____

Area(s) proposed: _____

Treatment purpose and intended benefit discussed: _____

Planned sessions, intervals and review arrangements, if applicable: _____

Fees and any course or maintenance terms discussed: _____

Product instructions for use: title / version / date checked: _____

Patient information supplied: title / version / date: _____

Product-specific information and alternatives

Plain-language explanation approved by the clinical reviewer: _____

Expected course of response and limits of the proposed treatment: _____

Alternatives discussed, including choosing no treatment: _____

Reasons for the patient's preference and expectations discussed: _____

Assessment and individual risks

Linked suitability assessment and decision reference: _____

Relevant history, medicines, allergies or previous treatment discussed:
_____

Material risk explained for this product and area	Patient-specific relevance / discussion	Information document reference

Any uncertainty, limits of knowledge or additional information discussed:
_____

Questions asked by the patient and answers given: _____

Aftercare and contact arrangements

Clinician-approved aftercare document: title and version: _____

How and when it was supplied: _____

Warning signs and escalation information discussed, as specified in the approved information: _____

Clinic and out-of-hours contact details supplied: _____

Follow-up arrangement: _____

Clinical photographs

Clinical photographs proposed and purpose explained: _____

Patient's decision and confidential-record reference: _____

Any optional marketing-image permission must be obtained separately. Refusing marketing use does not change the treatment decision.

Patient decision

- ☐ The exact product, treatment areas and intended benefit have been explained to me.
- ☐ I have discussed relevant risks and alternatives, including having no treatment.
- ☐ I have had the opportunity to ask questions and have received answers I understand.
- ☐ I understand the limits of the expected outcome and that no specific result is guaranteed.
- ☐ I have been given the agreed information and know how to contact the clinic.

My decision: Proceed with the treatment described / Do not proceed / More time or information needed

Patient name and signature: _____

Date and time: _____

Interpreter, support or accessibility arrangements, if applicable: _____

Practitioner confirmation

I have recorded the product-specific discussion and the patient's decision, including relevant individual risks, alternatives and questions. I have confirmed the decision with the patient before any treatment proceeds.

Practitioner name, signature and date/time: _____

Clinical reviewer of this form's wording: name, role and approval date: _____

Link to the completed treatment record

Actual product / presentation used: _____

Batch / lot and expiry: _____

Amount used, date and treatment record / face chart reference: _____

Change from the proposed treatment and renewed discussion, if applicable:
_____

Product traceability / implant card reference, where applicable: _____