



Unit 5 Briston Orchard
St Mellion
SALTASH PL12 6RQ Tel: 0844 800 8839

Patient agreement to investigation or treatment

Patient details	Date...../...../.....
Patient's Name:	
Date of birth	
Address:.....	
..... Post Code	

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

.....

- Area of treatment
- Mole Removal Xanthelasma Pearly penile papule (PPP) Skin Resurfacing
- Other

Statement of Dr Rajendra Patel (to be completed in by Dr Patel during consultation of proposed procedure, as specified in consent policy)

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

- Medical History:** Pacemaker, Heart disease; Skin cancer; Bleeding disorder Drugs NSAID
- Diabetes Pregnancy Breast feeding Allergies
- Ellman Radiolase 2
- Permission** to take photographs of all treated sites for diagnostic purposes and to accurately document the medical record.
- Tissue removal occurs at a very superficial skin level.
- Minimal damage to surrounding tissues
- Minimal scar tissue formation
- Minimal pain, bleeding, post-operative swelling, or infection
- No stitches
- Redness, scab, recurrence, scarring.
- Results cannot be predicted precisely. Results can be variable, and no guarantee of results.**
- Serious or frequently occurring risks

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: local anaesthesia sedation

Dr Rajendra Patel MB ChB LRCP LRCS **Signature:**.....**Date**

STATEMENT OF PATIENT

IMPORTANT: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT AND FEEL THAT YOU UNDERSTAND IT. ASK ANY QUESTIONS YOU MIGHT HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATIONS WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

Please read this form carefully. You should have your own copy of information 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.

<u>Pricing of treatment</u>	<input type="checkbox"/> £ _____
<u>Pricing of Repeat procedures</u>	<input type="checkbox"/> £150.00 pressession

- I hereby give my permission** to Dr. Rajendra Patel to take photographs of all treated sites for diagnostic purposes and to accurately document the medical record.
- I understand and agree** to the procedure or course of treatment described on this form.
- I understand that** the results from this treatment **can vary considerably with each individual**, and a small percentage of people will not respond satisfactory to treatment.
- I understand** that you cannot give me a guarantee the result.
- I understand** that additional treatment may be necessary.
- I understand and had opportunity** to discuss the details of anaesthesia with Dr Patel before the procedure,
- 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 be 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).

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)

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)

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