## CONSENT FORM CHECKLIST

	Pati	ent fundamentals		
	Name			Telephone number
	DOB			Emergency contact
	Addres	SS		Allergies etc.
	Email			
<b>5</b> K3				
ڲۿ۪ٞڰؚٙ	Information about the cosmetic procedure or surgery:			
	(a)	what the procedure or surgery involves, including the type of anaesthesia and pain management (if applicable)		
	(b)	for surgery, where it will be performed		
	(c)	for injectables, which injectable is being prescribed (type and quantity)		
	(d)	whether the surgery or procedure is new or experimental		
	(e)	the range of possible outcomes in the short and long term		
	(f)	the risks and possible complications in the short and long term		
	(g)	the risks specific to patient including possible impact of any comorbidities		
	(h)		ı (suc	e need for revision surgery or further th as capsular contracture) or the long aplants after expiry date)
	(i)	treatment in short term (su	ich a	possibility of the need for further streatment for anaphylaxis, hyaluronidasecics) & long term (such as surgical removal

(j) recovery times and specific care requirements



## Information about the practitioner performing the surgery or non-surgical procedure:

- (a) Their registration type (general or specialist)
- (a) Their qualifications, training, and experience (including any endorsement for cosmetic surgery on their registration)
- (b) which other medical and health practitioners will be involved in the surgery or procedure

For example, this may include nurses, junior practitioners, anaesthetists etc.

(if applicable).



## **Information about costs**

- (a) total cost
- (b) for surgery:
  - (i) costs of any implants or other devices
  - (ii) costs of other medical practitioners

For example, assistant surgeon or anaesthetist fees

- (iii) facility costs, for example, theatre fees and hospital or day procedure centre costs
- (iv) possible post-operative costs, including allied health support, garments or devices to support recovery
- (c) details of deposits and payments required including payment dates
- (d) refund of deposits
- (e) payments for follow up care
- (f) possible further costs for revision or additional treatment
- (g) advise patient that cosmetic procedure is not covered by Medicare

This checklist is a guide only and should be used in conjunction with your usual consent practices and record keeping procedures. Regard must be had to the specific circumstance of every patient, the procedure being performed and your obligations as a practitioner under the Code of Conduct.