

Cosmetic Surgery Consent Form



PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____ Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Procedure Description

Cosmetic surgery encompasses a range of elective surgical procedures designed to enhance, reshape, or restore aesthetic appearance. These procedures may include but are not limited to facelifts, rhinoplasty, blepharoplasty (eyelid surgery), breast augmentation or reduction, liposuction, abdominoplasty (tummy tuck), body contouring, and facial rejuvenation techniques.

Your cosmetic surgery will be performed under anaesthesia (local, sedation, or general, depending on the procedure) in a surgical facility. The surgeon will make precise incisions according to the planned technique, reshape or remove tissue as needed, and close incisions with sutures or surgical adhesive. The duration of surgery varies depending on the complexity and extent of the procedure, typically ranging from one to several hours.

Recovery time varies by procedure. Most patients experience swelling, bruising, and discomfort in the treated area for several days to weeks post-surgery. You will be provided with detailed aftercare instructions, including wound care, activity restrictions, follow-up appointments, and signs of complications to watch for. Full healing and final results may take several weeks to months as swelling subsides and tissues settle into their new shape.

The goal of cosmetic surgery is aesthetic improvement based on realistic expectations discussed during your consultation. While surgeons strive for optimal outcomes, individual healing, scarring, and final results can vary. Your commitment to pre-operative preparation and post-operative care significantly influences your recovery and results.

Specific Procedure(s) to be Performed:

Risks and Potential Complications

All surgical procedures carry inherent risks. Potential complications of cosmetic surgery include but are not limited to:

<input type="checkbox"/> Infection at the surgical site	<input type="checkbox"/> Delayed healing or wound separation
<input type="checkbox"/> Excessive bleeding or haematoma	<input type="checkbox"/> Need for revision surgery
<input type="checkbox"/> Adverse reaction to anaesthesia	<input type="checkbox"/> Seroma (fluid accumulation)
<input type="checkbox"/> Scarring (hypertrophic or keloid)	<input type="checkbox"/> Changes in skin sensation
<input type="checkbox"/> Nerve damage or numbness	<input type="checkbox"/> Tissue necrosis or poor wound healing

<input type="checkbox"/> Asymmetry or unsatisfactory results	<input type="checkbox"/> Allergic reactions to medications or materials
<input type="checkbox"/> Skin discolouration or irregularities	<input type="checkbox"/> Unpredictable scarring patterns
<input type="checkbox"/> Deep vein thrombosis or pulmonary embolism	<input type="checkbox"/> Fat embolism (rare but serious)

Medical History Screening

Please indicate if you have any of the following conditions:

Medical Contraindications

<input type="checkbox"/> Yes <input type="checkbox"/> No	History of blood clotting disorders or excessive bleeding
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current use of blood-thinning medications (aspirin, warfarin, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Known allergies to anaesthesia, antibiotics, or surgical materials
<input type="checkbox"/> Yes <input type="checkbox"/> No	Active infection or skin condition in the treatment area
<input type="checkbox"/> Yes <input type="checkbox"/> No	Uncontrolled diabetes or cardiovascular disease
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of keloid or hypertrophic scarring
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current pregnancy or breastfeeding
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recent significant weight changes (>10kg in 6 months)
<input type="checkbox"/> Yes <input type="checkbox"/> No	History of poor wound healing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Immunosuppression or autoimmune disorders

Alternative Treatment Options

Before proceeding with cosmetic surgery, alternative non-surgical or less invasive options have been discussed, which may include dermal fillers, neuromodulators (Botox), laser treatments, radiofrequency skin tightening, thread lifts, or other non-invasive aesthetic procedures. The benefits and limitations of these alternatives have been explained.

Pre-Operative and Post-Operative Instructions

Before Surgery:

- Discontinue smoking at least 4 weeks before and after surgery
- Avoid aspirin, NSAIDs, and herbal supplements 2 weeks prior
- Arrange for a responsible adult to drive you home and stay with you for 24 hours
- Fast as instructed (typically 8 hours before surgery if general anaesthesia)

After Surgery:

- Follow all wound care and medication instructions precisely
- Avoid strenuous activity, heavy lifting, and exercise as directed
- Attend all scheduled follow-up appointments
- Contact the clinic immediately if you experience signs of infection, excessive bleeding, severe pain, or other concerning symptoms

Patient Acknowledgement and Consent

By signing below, I acknowledge and consent to the following:

(initial each acknowledgement line below)

- 1.** I have been fully informed about the nature of the cosmetic surgery procedure(s), including the purpose, risks, benefits, and potential complications. _____
- 2.** I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. _____
- 3.** I understand that cosmetic surgery results vary between individuals and no specific outcome can be guaranteed. _____
- 4.** I understand that additional procedures or revisions may be necessary and may incur additional costs. _____
- 5.** I acknowledge that I have disclosed my complete medical history, including all medications, supplements, and allergies. _____
- 6.** I consent to the administration of anaesthesia and understand the associated risks. _____
- 7.** I authorize the surgical team to perform the agreed procedure(s) and any necessary related procedures. _____
- 8.** I understand that I must follow all pre-operative and post-operative instructions to optimise my recovery. _____
- 9.** I consent to clinical photography for medical record purposes and understand my images will be kept confidential unless I provide separate consent for their use. _____
- 10.** I have been informed of realistic expectations and understand that final results may take several months to fully manifest. _____
- 11.** I understand that smoking, certain medications, and non-compliance with instructions may negatively impact my results and healing. _____
- 12.** I accept financial responsibility for the procedure and understand the payment terms. _____
- 13.** I have received written pre-operative and post-operative care instructions. _____

Client Signature

Date

Client Signature

Date

Client Signature

Date