

Hair Transplant Consent Form

Hair transplantation is a surgical procedure used to restore hair in areas affected by hair thinning or baldness. This typically involves harvesting hair follicles from a donor site (usually the back or sides of the scalp) and implanting them into the thinning or bald areas. There are two primary techniques: FUE (Follicular Unit Extraction) and FUT (Follicular Unit Transplantation/Strip method). The procedure is performed under local anaesthesia and may take several hours.

Hair transplant may not be suitable for individuals who have insufficient donor hair, suffer from certain types of alopecia (e.g. alopecia areata), have unrealistic expectations about the outcome, have uncontrolled medical conditions that affect healing, or are prone to excessive scarring (keloids). A full consultation and scalp examination will be conducted prior to treatment.

Common Side Effects: Swelling, redness, and scabbing in the donor and recipient areas. Mild discomfort or tenderness. Temporary shedding of transplanted hair (shock loss). Itching or tingling. Less Common Risks: Infection or prolonged healing. Visible scarring or poor graft survival. Numbness or altered sensation. Uneven growth or patchy results. Unsatisfactory cosmetic outcome requiring additional sessions.

Transplanted hairs typically shed within a few weeks before regrowing. Visible improvement is usually noticed after 3-6 months, with full results at 12-18 months. Multiple sessions may be required depending on the extent of hair loss. The outcome varies depending on individual response, hair type, and the number of grafts transplanted.

Avoid touching or washing the scalp for the first 24-48 hours. Use prescribed sprays or saline solution to keep the grafts hydrated. Sleep with your head elevated to reduce swelling. Avoid strenuous activity, alcohol, and smoking for at least 7-10 days. Do not wear tight hats or expose the scalp to direct sunlight. Follow the clinic's specific post-op care routine and attend all follow-up appointments. Grafts are delicate during the first 7-14 days and must be protected during this time.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes the aims/motivations for having the procedure, the risks inherent in the procedure and in refusing it, the expected benefits and potential disadvantages, alternative procedures including no treatment, uncertainties about the likelihood of success, and any follow-up treatment that may be required.

Do you understand the information you have been provided?

Yes No

Do you feel sufficient information has been provided to you, to enable you to consent?

Yes No

Has your consent been freely given?

Yes No

Do you have any medical conditions?

Yes No

Are you pregnant or breastfeeding?

Yes No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy, myasthenia gravis, or Lambert-Eaton syndrome)?

Yes No

Do you have an autoimmune disease?

Yes No

Do you have any skin conditions?

Yes No

Do you have any known allergies or have ever had anaphylaxis?

Yes No

Do you have any active infection at the intended site of procedure?

Yes No

Are you taking antibiotics or other prescription medications?

Yes No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.