

# THE AESTHETIC CLINIC

## Client Consent and Information Form for Advanced Cosmetic Procedures

Client's Name: \_\_\_\_\_

Proposed ACP Treatment for: \_\_\_\_\_

With ACP Practitioner: \_\_\_\_\_

I declare that I understand the following in relation to my proposed **Advanced Cosmetic Procedure (ACP)** treatment.

1. The extent of the clearance of the lesion/ skin blemish will vary according to its size, colour and amount of time it has been present.
2. The fact that complete clearance is not always possible and that no guarantee of complete clearance has been given.
3. Only once an initial assessment and treatment has been given, and a sufficient time has been allowed for skin healing (minimum of 2 weeks, but up to 4 to 6 weeks for other lesions ) can the therapist give a more accurate analysis as to the likely future success of the treatment plan.
4. The proposed treatment will not clear associated conditions of the skin and will not reverse skin damage caused by ageing or exposure to the sun.
5. That any dilated blood vessels treated will be replaced by normal vessels and since these new vessels will be subject to the same conditions of wear and tear, the condition may recur.
6. That preventative measures must be taken to minimise or delay recurrence. This includes following the suggested aftercare fully, use of sunscreens and the avoidance of exposure to extremes of temperature.
7. That a temporary increase in pigmentation (browning) can occur, particularly if the treated area is not protected from sunlight (this may be more pronounced on clients with darker skins).
8. There is a small risk of scarring with this treatment and acknowledges that he/she has made the therapist aware of any history of forming abnormal scar tissue in the past.

### **Client declaration**

I declare that I have received Doctor's advice on the removal of a mole.

I hereby certify that I have been fully informed as to the nature and purpose of the procedure, expected outcome and possible complications. I understand that there can be no guarantee or assurance as to the final result that may be obtained. I am aware that my condition is cosmetic and is based solely on my express wish to do so.

I have been given the opportunity to ask questions and declare that I have read and fully understood the consents of this consent form.

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_