

Victoria University Dermal Clinic

CLIENT CONSENT FOR TREATMENT

Name and details

First name:	Surname:
Preferred name:	Date of birth:
Titles:	Personal pronouns:
Phone number:	Email:
Suburb:	Postcode:

Clinic (Student clinician) responsibilities

Treatment education and disclosure

Prior to commencing any treatment your student dermal Clinician will undertake a compulsory initial treatment consultation and planning appointment. During this appointment your student dermal clinician will find out more about your skin concern or problem as well as your goals. The following will be discussed with you so that you can make an informed decision before consenting to treatment. It is policy within the Victoria University Dermal Clinic that you have a cooling off period to process all the information provided before beginning further treatment. During this appointment you will have the opportunity to ask any questions you have before consenting to treatment.

- 1 What treatment techniques may be used.
- 2 How a test patch or test treatment will be used in your first appointment to ascertain how your skin will react and heal to treatment.
- 3 How soon after your test patch or treatment you return to begin with your plan of care proposed.
- 4 What may be required to be done prior to treatment beginning in order to ensure that treatment is safe and will achieve your goals. This may be seeking other health professional advice, co-management or preparatory skin care.
- 5 How many treatments will be expected the frequency (time between treatments) and how they will be evaluated to make sure treatments are safe and working toward achieving your goals.
- 6 In what situations might it be necessary to alter or discontinue treatment and how this will be handled.
- 7 What responses to treatment are normal and expected.
- 8 What are some of the common side effects that can happen with your proposed treatment plan and how these will be managed.
- 9 What are the more rare complications that you need to be informed about and how these situations will be handled should they occur.
- 10 Information on ongoing skin management strategies that you can also use yourself at home to continue with improving the skin condition or concern. disclosure that I give notice to this practice.

If you have further questions please contact the clinic reception.dermal@live.vu.edu.au or 03 9919 7897

Was this information covered satisfactorily during your consultation? Yes No

Client declaration (Informed consent)

Please read through the below statements and ensure that you understand each clause before signing.

This documents your informed consent to proceed with test patch or/ treatment. By signing the end of this document you are declaring that you understand and will abide by these clauses that are a requirement for intake as a client into the Victoria University Dermal Clinic and to receive treatment.

I, _____ (applicant's full name in block letters)

- 1 I have disclosed any medical conditions that I have and/or medications that I am taking (including topical or oral, herbal or supplements).
- 2 I have disclosed any risk factors that may affect the safety and effectiveness of my treatment to the student dermal clinician after discussing with them the risk assessment questionnaire.
- 3 I have understood that my treatment may have to be modified including treatment parameters, treatment area size, duration, and time between treatments based on my individual risks to ensure safe and effective treatment.
- 4 I understand that I will require several treatments and that while estimation of number of treatments and percentage of improvement may be provided, due to individual differences in response to treatment no claims are made.
- 5 I understand that dermal therapy treatments may not be able to completely (100%) resolve my concern/s and that it is possible there may only be a slight degree or no improvement achieved.
- 6 I have provided any medical clearance and letters of referral as well as documentation that may be required to conduct this treatment (if applicable).
- 7 I understand that my student Dermal Clinician may recommend no further treatment or refuse treatment if treatment is not appropriate or further improvement is not observed.
- 8 It has been explained to me and I understand the spectrum of side effects that result from treatment including normal/ desirable endpoints and side effects, unwanted side effects and complications to healing.
- 9 I understand that although every precaution will be taken to ensure safe and effective treatment, in a small proportion of people (for some dermal therapy treatments) severe side effects can occur, such as permanent alterations to skin texture, color and scarring.
- 10 I agree to comply with directions provided by my student dermal clinician in order to reduce risks and unwanted side effects of treatment prior to and after each of my treatments as recommended.
- 11 I understand that I must use any first aid or after care recommended and to seek medical attention if effects after treatment become severe.
- 12 I understand that for procedures associated more commonly with side effects a student dermal clinician will contact me within the first 2-7 days to follow up after treatment and that I must disclose any concerns so that remedy can be provided.
- 13 I have been provided with pre-treatment and post treatment advice verbally and also written instructions to take home.
- 14 I have been provided with and will follow any wound management or advice to aid healing as directed by my student Dermal Clinician.
- 15 I understand that there are some medical conditions and medications that prohibit the student dermal clinician from proceeding with treatment unless medical advice and consent is provided. (These will have been discussed in the risk assessment questionnaire).
- 16 I agree to provide my student dermal clinician with a written letter that provides medical approval/clearance if requested before treatment can proceed.
- 17 I understand that I can cease treatment at any time during a treatment, or within a treatment course.
- 18 I will provide my student Dermal Clinician with honest feedback as to my level of comfort during treatment so that safe treatment can be provided.

Client consent

Signature client

Name:	Date:	Signature:
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Signature Legal Guardian (if required)

Name:	Date:	Signature:
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Student Dermal Clinician to complete

Please indicate prior to sending form to client the presenting skin concern or problem relating to this consultation and treatment planning appointment and techniques discussed that will be used.

Tick only those skin concerns discussed during the consultation appointment aspart of this treatment plan.

Hair reduction	Pigment	Hair loss	Skin disorder/disease
Nail condition	Tattoo removal	Skin health (general)	Cellulite/Adipose
Sun damage	Wound/Scar	Vessel/Veins	Swelling

Tick only those treatments discussed during the consultation appointment aspart of this treatment plan.

Electrotherapy	Intense light/LASER	Topical management	MLD
LLLT/LED	Needling	Dressing/compression	
Exfoliation/resurfacing	Monitoring and surveillance		

Student Dermal Clinician

Name:	Date:	Signature:
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Supervising Dermal Clinician

Name:	Date:	Signature:
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