

[SERVICE NAME] INFORMED TREATMENT CONSENT

This treatment consent template is a general example providing guidance on the fields pertinent to many medical spa services. It is essential to review all documents and forms with a lawyer in your area before using them in your business, as the standards may vary for different treatments, service methods, and regions.

1. Client Information:

- Full legal name.
- Date of birth.
- Contact information (Phone number, email address, and mailing address).

2. Medical Spa Information:

- Name of your medical spa.
- Your contact information for any follow-up questions your client may have.

3. Information About the Service:

- Detailed description and explanation of the service, treatment, or procedure. Foundational treatment information is often provided by the manufacturer of your products and/or equipment; however, you may also extend to include details about your specific treatment process. Expected outcomes and purpose of the treatment — the "why" behind this service.

4. Benefits of the Treatment:

- Potential benefits, the duration of these benefits, and how they address the patient's condition. This section unpacks the expected outcomes in more detail.

5. Risks and Side Effects:

- Possible risks, complications, and side effects associated with your medical spa's service. Information and guidance on what to do if side effects occur. Warnings about any potentially severe outcomes, and details about when clients should contact emergency services.

6. Limitations and Alternatives to the Proposed Treatment:

- Include information about the limitations of your services, such as how long the results are expected to last, or any symptoms of the concern that the treatment does not address.
- Describe other treatment options available to solve the client's concern, including the alternative's benefits and risks.

7. Important Clarifiers and Disclaimers

- Provide any clarifications or disclaimers relevant to the service. For example, you may mention that results are not guaranteed, disclose that multiple treatment sessions may be required to achieve/maintain the desired outcomes, or that the treatment may be associated with certain pain and discomfort.

8. Voluntary Consent

- Remind clients that the service is purely elective.

9. Prompting Questions and Clarifications:

- Provide a statement that encourages the patient to ask questions and seek clarification about the treatment.

10. Consent Statement:

- Clearly collect confirmation on a statement where the patient acknowledges understanding the information provided and agrees to proceed with the treatment.

11. Signatures:

- Client signature.
- Date of the client's signature.
- Medical provider or director signature.
- Date of medical provider or director's signature.

12. Witness Information (if applicable):

- Signature of a witness who can verify that the consent was given voluntarily and that the patient understood the information.

13. Contact Information for Further Questions:

- Contact details for the healthcare provider or facility in case the patient has further questions or concerns.