**Consent to Skin Procedure**

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| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Date | Click or tap here to enter text. |

Your GP has recommended an excision or skin procedure. It is important to understand the risks and benefits of any medical treatment. This form helps us help you with your understanding.  **I hereby consent to the procedure of:**

|  |  |
| --- | --- |
| Skin excision |  |
| Skin excision with flap repair or grafting |  |
| Shave or punch biopsy |  |

|  |  |
| --- | --- |
| My treating Doctor has discussed with me the risks and the possibility of complications, including :   * infection, * bleeding, * slow healing * poor scarring and wound breakdown * recurrence of the lesions * anaphylaxis to the local anaesthetic * unusual effects including nerve damage, permanent pain |  |
| I have discussed my present condition with my doctor and the various ways it might be treated, including the above procedure or treatment or referral to a specialist |  |
| I have been given the opportunity to ask questions relating to this procedure and I am satisfied with the explanation and the answers to my questions. |  |
| I understand that urgent medical treatment may be needed should I have a reaction or unexpected bleeding |  |
| I understand that additional procedures or treatments may be needed if the doctor finds something unexpected. |  |
| I understand I may withdraw my consent. |  |
| I understand the cost and the out of pocket expense of the treatment |  |
| I give consent for the treating doctor to administer any appropriate medications or treatments they deem necessary in the event of a medical emergency arising out of the treatment. |  |

**To be completed by treating Doctor:**  
  
I have discussed the patient’s present condition and the various ways it might be treated, with the patient (or the patient's authorised decision-maker) including the following proposed

treatment .  
  
I have informed this patient of the matters as detailed below including the nature, likely results, and material risks of the proposed procedure or treatment and answered his/her questions. The patient (or decision-maker) provided informed consented to the procedure.  
  
Doctor Name: 

**To be completed by parent or guardian**  
  
Where this consent is signed by a parent or guardian, the parent or guardian consents and agrees to the above in respect of . **Patient or Guardian sign below.**