

Pedicure Manicure

PATIENT CONSENT: This is an informed consent form that has been prepared to help inform you of the potential benefits and risks of manicure and pedicure. It is important that you read this information carefully and discuss fully with your practitioner before proceeding with treatment. It is also important that you take as much time as you need to consider the treatment carefully, weighing up all your options before reaching an informed decision. It is essential that you are aware of your right to have a second opinion and you are encouraged to ask any questions that come to mind throughout the entirety of the process. A manicure is a cosmetic hand and nail treatment that involves nail cleaning, cuticle trimming, filing, massage, moisturising cream, nail colour and top coat application. A pedicure is a cosmetic foot and toenail treatment that involves foot cleaning and soaking, foot pumice and exfoliation, nail filing and trimming, foot massage, moisturising cream, nail coloring and top coat application. Manicures and pedicures aim is to leave the skin and nails of the hands and feet feeling fresh, clean, healthy and looking good. However, these are cosmetic treatments only, they are not intended to cure or treat any medical conditions affecting hands or feet. Treatment experiences and outcomes vary between clients and you will need regular treatments to maintain results. I understand that several appointments may be necessary to produce optimal results and I will be notified, in advance of each session of treatment, about the location where the next treatment session is going to take place and the identity of who is going to be involved in my care at each stage. I also understand that I will be kept informed of progress and that I can change my mind at any point. As with any procedure there are potential risks and complications associated. Manicure and Pedicure are safe and low risk procedures, but you must be aware of the following possible risks before proceeding. You must fully discuss any questions with your practitioner. **RISKS AND SIDE EFFECTS:** Complications with manicure and pedicure are uncommon but you may be at significantly increased risk if you suffer from diabetes, have diabetic foot disease, or suffer from peripheral vascular disease (poor circulation) to the hands or feet. If you have any of these conditions you should seek medical advice before proceeding. You must also avoid treatment if you have any cuts, infections, open wounds or have had recent surgery on the hands or feet. Please read and answer carefully all of the medical questions listed below. Uncommon complications of manicure and pedicure include nail damage or a nail being cut too short. If a nail is cut too short it can predispose you to ingrown toenail which causes a red, painful, swollen and inflamed toe. Rare complications include bacterial skin infection (cellulitis), where the skin would appear hot, red and shiny, you may also feel generally unwell. Fungal nail infection, the nail thickens and discolours usually yellow or black. Bacterial infection of the skin around the nail (paronychia) causing red, hot swollen fingertip, abscess formation and pus can also form. These complications are rare but in the event of any such problems you should seek medical advice from your doctor. I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: - the aims/motivations for having the procedure and the desired outcome - the risks inherent in the procedure - the risks inherent in refusing the procedure - the risks specific to me - the expected benefits of the treatment - the potential disadvantages of the treatment - alternative procedures and their pros and cons - including the option of no treatment at all - any uncertainties about and the likelihood of success of the procedure - any follow-up treatment that may be required **CLINICAL PHOTOS AND VIDEOS:** I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures.

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.

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