

# Cosmetic surgery

## Pre-surgery information checklist

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This form is a simple way to check that you have received important information from the surgeon performing your procedure, and from the hospital, before you consent to cosmetic surgery. It is NOT a consent form.

The operating surgeon or his/her representative should ask you to fill in this form with them before you consent to surgery. If you answer 'No' or 'Unsure' to any of the questions, we recommend that you discuss the surgery further with the surgeon performing the procedure before you give your consent.

Once you can answer 'Yes' to all the questions, the operating surgeon or his/her representative should ask you to sign this form, alongside them. A copy should be filed in your patient records, which are kept by the hospital, to help them measure and, where required, improve the quality of care provided.

You can find essential information that you need to know before you have cosmetic surgery on the Royal College of Surgeons' website: [www.rcseng.ac.uk/cosmeticsurgery](http://www.rcseng.ac.uk/cosmeticsurgery).

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### 1. Please enter the name of your planned cosmetic surgery procedure

Now turn over for more questions...

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#### 2. The surgeon who will perform the procedure has talked to me about it and I understand:

- |  |                              |                             |                                 |
|--|------------------------------|-----------------------------|---------------------------------|
| The surgeon's skills and experience of performing the procedure  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| What the procedure will involve, the likely results and benefits, and how long they will last                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| When and where the procedure will take place   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| The possible risks and complications for this procedure, how likely they are to happen, and what can be done to correct them | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| What to expect after surgery, length of recovery and likely pain, what is and is not covered by the aftercare package        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| What I and the hospital/surgeon should do if something does not go to plan   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| All the planned and possible costs, including the costs of future surgery and dealing with possible complications            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| The reason that there was at least two weeks between my consultation with the operating surgeon and the surgery              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| I can change my mind at any point before surgery and I can ask for a second opinion from another surgeon                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
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**If you feel you have received enough information to allow you to make an informed decision about your planned procedure please enter your name, signature and the date below. The operating surgeon should do the same.**

This is NOT a consent form.

Only the operating surgeon should advise you about the procedure and take your consent for surgery.

Patient name

Surgeon name

Signature

Signature

Date .....