



Informed Consent Form for Wound Care Services

MEND & RESTORE LLC
Mobile Wound Care Practice

Client Name: _____

Date: _____

Introduction

Thank you for choosing Mend & Restore for your wound care needs. This informed consent form outlines the services we provide, the nature and purpose of those services, potential risks, benefits, and your rights as a client. Please read this document carefully and feel free to ask any questions before signing.

Services Provided

Mend & Restore offers the following wound care services (please check all that apply):

- Assessment of Wounds
- Wound Dressing Changes
- Patient Education on Wound Care
- Management of Infection
- Other: _____

Purpose of Services

Our goal is to promote healing, prevent infection, and improve your overall health related to wound care.

Risks and Benefits

While many clients experience positive outcomes, there may be risks associated with wound care services, including but not limited to:

- Discomfort or pain during dressing changes
- Allergic reactions to dressings or medications
- Infection if wounds are not properly cared for
- Delayed healing

Potential benefits may include improved wound healing, reduced risk of infection, and enhanced quality of life.

Confidentiality

Your privacy is important to us. All information shared during our services will remain confidential unless:

- You provide written consent to share information
- There is a risk of harm to yourself or others
- We are legally required to disclose information

Voluntary Participation

Your participation in our wound care services is voluntary. You may choose to withdraw consent or discontinue services at any time without penalty.

Acknowledgment

By signing below, you acknowledge that you have read and understood the information provided in this consent form. You have had the opportunity to ask questions and have received satisfactory answers. You consent to the provision of wound care services by Mend & Restore.

Client Signature: _____

Date: _____

Therapist/Practitioner Signature: _____

Date: _____