

PRP: consent discussion

Clinician-completed template after assessment

For a clinical appointment

This is a discussion and documentation template for a clinician to complete after individual assessment. It is not an online consent form. Downloading, ticking or signing this document alone does not authorise treatment.

Patient and proposed treatment

Patient name / date of birth	
Hospital / clinician / date	
Diagnosis / site / side	
Proposed PRP preparation and injection schedule	
Guidance / anaesthetic / tendon needling if proposed	

Clinician discussion checklist

- Explain blood collection, preparation, injection, expected discomfort and the intended goal.
- Explain uncertainty for this exact indication. For knee/hip osteoarthritis disclose the 2026 ACR strong recommendation against PRP, based on low-certainty evidence. Do not promise healing or cartilage regrowth.
- Explain relevant NICE special governance, consent and audit or research arrangements; these do not endorse efficacy.
- Discuss reasonable alternatives, including no injection, rehabilitation and surgery where relevant.
- Discuss pain/flare, bruising, bleeding, infection, nearby-structure injury, reaction to anaesthetic or antiseptic, no improvement, worsening symptoms and possible further treatment.
- Review medicines and bleeding risk, infection, allergies and relevant medical conditions. Record any advice agreed with the prescriber.
- Discuss time off work, transport, driving, exercise restrictions, rehabilitation, follow-up and the full financial commitment.

What matters to this patient

Patient's goal and realistic expected benefit	
Material risks / personal concerns discussed	
Alternatives discussed and reasons for chosen option	

PRP: consent discussion | continued

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Assessment and agreed plan

Relevant examination / imaging / diagnostic certainty	
Medicine plan and prescriber advice, if needed	
Preparation / aftercare / follow-up plan	
Extra risk factors and mitigation	
Questions asked and answers provided	
Interpreter / communication support / capacity concerns	

Patient decision record

To be discussed and completed with the clinician: I have had an opportunity to discuss the proposed treatment, uncertainty, likely benefits, material risks and alternatives. I understand that a helpful outcome is not guaranteed and that further treatment may be needed. I know I can take more time, decline treatment or change my mind before it starts.

Record whether the patient wishes to proceed, defer or decline. A signature records the discussion; it does not replace it. Any separate research participation or photography permission requires its own discussion.

Clinical signatures and confirmation

Decision: proceed / defer / decline	
Patient signature / date / time	
Clinician name / signature / date / time	
Interpreter or witness, if appropriate	
Confirmation on treatment day: plan and consent unchanged	
Copy given to patient / information version used	

Keep patient information private

Complete and retain this record through the treating hospital's secure clinical process. Do not submit completed forms, signatures or medical details through a public webpage.

Evidence and further reading

1. GMC: [Decision making and consent](#). Effective 9 November 2020; updated 3 August 2026.
 2. NICE HTG497: [Platelet-rich plasma injections for knee osteoarthritis](#). 23 January 2019 (formerly IPG637).
 3. ACR: [2026 update of recommendations for knee, hip and hand osteoarthritis - guideline summary](#). Approved 8 September 2026; posted 14 September 2026; full journal manuscript pending.
 4. NICE HTG299: [Autologous blood injection for tendinopathy](#). 23 January 2013 (formerly IPG438).
- Links checked 10 October 2026. This material synthesises the sources; local protocols may differ.