[Clinic / Practice name & logo]

Patient Information & Consent

Extracorporeal Shockwave Therapy (ESWT)

Musculoskeletal indications (e.g. plantar fasciitis, Achilles / patellar tendinopathy, tennis/golfer's elbow, calcific shoulder tendinopathy, greater trochanteric pain). Template — review against your clinical governance and local regulations before clinical use.

1. Patient details

Full name		**Date of birth**	
NHS / patient ID		**Today's date**	
Address		**Phone**	
GP name & practice		**Email**	

2. Condition being treated & treatment plan

Diagnosis / area treated	
Treating clinician	
Planned no. of sessions	
Energy level / device	

3. What is Extracorporeal Shockwave Therapy?

ESWT is a non-invasive treatment that delivers acoustic (sound) pressure waves through the skin to an area of injured or painful soft tissue or bone. The waves are thought to stimulate the body's natural healing response, improve local blood flow, reduce pain signalling, and help break down calcified tissue. A gel is applied to the skin and a hand-held applicator delivers a series of pulses to the treatment area. A typical session lasts 5–20 minutes. A course is usually 3–6 sessions, spaced about a week apart. No anaesthetic or injection is required and you can normally return to normal activity the same day.

4. Intended benefits

- Reduced pain in the treated area
- Improved function and mobility
- A non-surgical option that avoids injections, medication or an operation

ESWT does not work for everyone. Evidence of benefit varies by condition, and some people see little or no improvement. Several sessions are usually needed before any effect is noticed, and full benefit may take up to 12 weeks after the course ends.

5. Risks & possible side effects

Common and usually temporary (resolve within hours to a few days):

- Pain or discomfort during and shortly after treatment
- Redness, bruising, swelling or skin reddening over the treated area
- Tingling, numbness or aching in the area

Uncommon / rare:

- Small skin breaks, blistering or minor bleeding (petechiae)
- Temporary worsening of symptoms before improvement
- Damage to tendon, ligament or surrounding tissue (rare)
- Nerve irritation or, very rarely, longer-lasting numbness

This list is not exhaustive. Your clinician will discuss risks relevant to your condition and answer your questions before you sign.

6. Safety check — please answer honestly

ESWT may not be safe for you if any of the following apply. Please tell your clinician about any “Yes” answers before treatment.

Are you pregnant, or could you be pregnant? Yes ☐ No ☐

Do you have a blood-clotting disorder, or take blood-thinning medication (e.g. warfarin, DOACs)? Yes ☐ No ☐

Do you have a known cancer/tumour at or near the treatment area? Yes ☐ No ☐

Do you have an active infection, open wound or broken skin in the treatment area? Yes ☐ No ☐

Do you have a nerve disorder or reduced sensation in the area? Yes ☐ No ☐

Have you had a cortisone (steroid) injection in this area in the last 6 weeks? Yes ☐ No ☐

Do you have a heart pacemaker or other implanted electronic device? Yes ☐ No ☐

Is the patient under 18 with open growth plates near the treatment site? Yes ☐ No ☐

Do you have a deep vein thrombosis (DVT) or known blood-vessel disease in the area? Yes ☐ No ☐

7. Alternatives to ESWT

Depending on your condition, alternatives may include: continuing without treatment (watchful waiting), rest and activity modification, physiotherapy and exercise programmes, pain relief or anti-inflammatory medication, orthotics or supports, corticosteroid or other injections, or surgery. Your clinician will discuss which options are appropriate for you.

8. Before & after your treatment

- Avoid anti-inflammatory medication (e.g. ibuprofen) around the treatment course if advised, as it may reduce the effect.
- Mild soreness for 24–48 hours afterwards is normal; use simple pain relief (e.g. paracetamol) if needed.
- Avoid strenuous loading of the treated area for 24–48 hours, then resume activity as advised.
- Contact the clinic if you have severe or worsening pain, skin breakdown, or signs of infection.

9. Costs (if applicable)

Cost per session	
Total course cost	

10. How we use your information (UK GDPR / Data Protection)

Your personal and health data will be processed by [Clinic name] as data controller for the purpose of providing your care. The lawful bases are the provision of healthcare and the management of health services (UK GDPR Article 9(2)(h)), supported by your consent to treatment. Records are kept securely and retained in line with our retention policy and applicable healthcare record-keeping requirements. We will not share your data with third parties except your GP or others involved in your care, or where required by law. You have the right to access your records, to request correction, and to object to certain processing. To exercise these rights or for our full privacy notice, contact [Data Protection / Privacy contact]. You may complain to the Information Commissioner’s Office (ICO) at ico.org.uk.

11. Patient declaration & consent

- I have read and understood the information in this form, or had it explained to me.
- I have had the opportunity to ask questions and they have been answered to my satisfaction.
- I understand the intended benefits, the risks and side effects, and the alternatives to ESWT.
- I have answered the safety questions in Section 6 honestly and to the best of my knowledge.
- I understand that no guarantee has been made about the outcome of treatment.
- I understand I may withdraw my consent and stop treatment at any time without affecting my future care.
- I consent to the course of ESWT treatment described above.

I consent to my information being processed as described in Section 10.
I consent to a copy of this form / my GP being informed of this treatment. Yes ☐ No ☐

Patient signature		**Date**	
Print name			

If signed on behalf of the patient (parent / guardian / legal representative):

Representative signature		**Relationship to patient**	
Print name		**Date**	

12. Clinician confirmation

I confirm that I have explained the nature, benefits, risks and alternatives of ESWT treatment to the patient, checked for contraindications, and answered their questions.

Clinician signature		**Date**	
Print name & role		**Registration no.**	

Disclaimer: This is a generic template provided for adaptation. It is not legal or clinical advice and has not been reviewed by a regulator. Before use, your organisation must review and adapt it to your local laws, professional standards, and clinical governance, and complete the [bracketed] fields.