Skin Solutions Oxford Ltd

INFORMED CONSENT

NAME:

DOB

ADDRESS

The reason for attending my appointment at Skin Solutions Oxford

Please tick all that apply to you.

* Acne
* Acne Scarring
* Scarring
* Rosacea/ Capillaries
* Hirsuitism (Facial hair in women)
* Botulinum Toxin Injections for Headaches/ Bruxism (teeth grinding)/Excessive Sweating
* Botulinum Toxin injections which improves / maintains my mental health
* Dermal Filler/ Profhilo injections which improves/maintains my mental health
* Pigmentation – Melasma/ Solar Lentigoes (sun spots)
* 3D Lipo Ultimate Pro
* Radiofrequency
* HIFU
* Cosmetic Reasons
* Other (please specify)

If you are attending your appointment to improve/ maintain your mental health please specify briefly below. ( This is a confidential form and will be uploaded to your personal medical secure records and the paper copy will be destroyed or you can take with you)

Please read the following statements and sign below:

* I confirm that myself and members of my household are well and not displaying symptoms of Covid 19 (fever, cough, loss of taste/smell)
* Myself and household have not been advised to self isolate
* Myself and household have not been in recent contact (within 14 days) with someone diagnosed with Covid 19
* I have not returned from abroad within the last 2 weeks
* I am not living with vulnerable family members (elderly or shielding)
* I am not in the shielded group identified by the government or my GP
* I understand that despite Dr Alison Warner adhering to British College of Aesthetic Medicine and Saveface guideline on infection control and prevention, it cannot be assumed to completely eliminate the risk of contracting Covid 19.

Signature……………………………………………………….. Date………………………………………………