



Clinic name

Address · Phone · Licence no.

Consent to laser hair removal

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Area to be treated _____ Device _____
Expected number of sessions _____ Skin type _____

What it involves

A laser or light device sends pulses into the hair follicles to reduce growth. You will need several sessions, some weeks apart. You may feel a snap or warmth with each pulse.

Expected benefits

Less and finer hair in the treated area. Results differ from person to person, and some hair may grow back.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

Shaving, waxing, threading, removal creams and electrolysis.

If nothing is done

Hair keeps growing as it does now.

What I commit to afterwards

- Avoiding the sun as the written instructions say.
- No waxing or plucking between sessions.
- Telling us about any new medicine before each session.

Consent to laser hair removal

Agreement and signatures

Photographs

Each choice is separate. Saying no does not affect your treatment.

- ☐ I agree to photographs for my medical file only.
- ☐ I agree to photographs being used without my identity for medical teaching.
- ☐ I agree to photographs being used in the clinic's marketing.

Questions

- ☐ I had the chance to ask questions and they were answered to my satisfaction.

Patient's statement

I have read this form, or it was read to me in a language I understand. I understand the procedure, its benefits, risks and alternatives, and I agree to it. I know I can withdraw my consent before the procedure starts.

Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

Address · Phone · Licence no.

Consent to injectables (filler and botulinum toxin)

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Product _____ Areas _____
Volume or units _____ Lot number _____

What it involves

The product is injected with a fine needle or cannula into chosen areas of the face. Filler adds or restores volume; botulinum toxin relaxes specific muscles.

Expected benefits

Softer lines or restored volume. The effect is temporary and wears off with time.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

No treatment, skincare, or other procedures the doctor explains.

If nothing is done

Natural changes in the skin continue as they would.

What I commit to afterwards

- Following the aftercare sheet.
- Calling the clinic straight away if the skin changes colour or my eyesight changes.
- Coming to the review appointment.

Consent to injectables (filler and botulinum toxin)

Agreement and signatures

Photographs

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Patient’s name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

NameRelationship

ID no.Signature

Witness

Name

Signature

Doctor’s declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor’s name

Signature

Date

Interpreter (if used)

Name and language

Signature



Clinic name

Address · Phone · Licence no.

Consent to chemical peel and skin treatments

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Treatment _____ Product or device _____
Area _____ Expected number of sessions _____

What it involves

A solution is put on the skin to remove its outer layers in a controlled way, or a device is used, as written above. Redness and peeling may follow.

Expected benefits

Smoother skin and a more even tone. Several sessions may be needed.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

Skincare products, other devices, or no treatment.

If nothing is done

The skin stays as it is.

What I commit to afterwards

- Using sunscreen every day.
- Not picking the peeling skin.
- Stopping the products the doctor asked me to stop.

Consent to chemical peel and skin treatments

Agreement and signatures

Photographs

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- ☐ I agree to photographs for my medical file only.
- ☐ I agree to photographs being used without my identity for medical teaching.
- ☐ I agree to photographs being used in the clinic's marketing.

Questions

- ☐ I had the chance to ask questions and they were answered to my satisfaction.

Patient's statement

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Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

Address · Phone · Licence no.

Consent to a minor surgical procedure

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Procedure _____ Site _____
Anaesthesia _____ Lab sample (yes / no) _____

What it involves

Removing or repairing a lesion (such as a cyst, mole or skin tag) under local anaesthetic, then closing the wound with stitches or leaving it to heal.

Expected benefits

Removing the lesion, and knowing what it is if a sample is tested.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

Watching and waiting, other methods such as freezing or laser, or referral.

If nothing is done

The lesion may stay, grow or cause symptoms. The doctor explains what applies to you.

What I commit to afterwards

- Caring for the wound as I was shown.
- Coming back for stitch removal and the result.
- Calling the clinic if there is bleeding or signs of infection.

Consent to a minor surgical procedure

Agreement and signatures

Photographs

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- ☐ I agree to photographs being used in the clinic's marketing.

Questions

- ☐ I had the chance to ask questions and they were answered to my satisfaction.

Patient's statement

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Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

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Consent to plastic surgery

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Operation _____ Anaesthesia _____
Facility _____ Date of surgery _____

What it involves

An operation to change the shape or look of part of the body, under the anaesthesia stated above. The surgeon explains the steps, where the scars will be and how long you stay.

Expected benefits

The change we discussed together. Results differ from person to person and cannot be guaranteed.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

No surgery, non-surgical procedures, or a second opinion.

If nothing is done

Your appearance stays as it is.

What I commit to afterwards

- Wearing the garment and caring for drains as I was shown.
- Coming to every follow-up appointment.
- Not smoking, as the surgeon instructs.

Consent to plastic surgery

Agreement and signatures

Time to reflect

Date of consultation _____ Date of signing _____

☐ I was given time to think before agreeing and was not asked to decide at the same visit.

Revision policy

What I was told about revision surgery and its cost _____

Photographs

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☐ I agree to photographs being used in the clinic's marketing.

Questions

☐ I had the chance to ask questions and they were answered to my satisfaction.

Patient's statement

I have read this form, or it was read to me in a language I understand. I understand the procedure, its benefits, risks and alternatives, and I agree to it. I know I can withdraw my consent before the procedure starts.

Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

Address · Phone · Licence no.

Consent to physiotherapy treatment

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Diagnosis or problem _____ Physiotherapist _____
Expected number of sessions _____ Referred by _____

What it involves

An assessment, then treatment with exercise, hands-on therapy and devices (heat, electrical stimulation, ultrasound) as in your plan. Some techniques involve touch; you can ask for a chaperone.

Expected benefits

Less pain and better movement and function.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

Medicines from your doctor, rest, or other treatments.

If nothing is done

Depending on your condition, symptoms may continue or increase.

What I commit to afterwards

- Doing my home exercises as written.
- Telling the physiotherapist about new or worse pain.
- Coming to sessions on time.

Consent to physiotherapy treatment

Agreement and signatures

☐ I would like a chaperone during treatment.

Photographs

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Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

Address · Phone · Licence no.

Consent to a telehealth consultation

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Doctor _____ By (video / phone) _____
Appointment _____ Call-back number _____

What it involves

A consultation by video or phone instead of in person. The doctor cannot examine you physically, so may ask you to come to the clinic.

Expected benefits

No travel, and quicker access to the doctor.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

A visit to the clinic in person.

If nothing is done

No consultation takes place; you can still book a visit in person.

What I commit to afterwards

- Being in a private place during the call.
- Giving correct details of who I am and where I am.
- Coming to the clinic if the doctor asks.

Consent to a telehealth consultation

Agreement and signatures

The call

Recording ☐ Not recorded ☐ Recorded with my agreement

☐ If the call drops, the clinic calls me back on the number above.

☐ I know prescriptions and reports are sent to me electronically.

Photographs

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Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____ Relationship _____

ID no. _____ Signature _____

Witness

Name _____ Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____ Signature _____



Clinic name

Address · Phone · Licence no.

General consent to treatment and data processing

Read this form, or ask for it to be read to you, and ask about anything before you sign.

Patient name _____ File no. _____ Date of birth _____
Phone _____ Date _____ Doctor _____
Registration date _____ Insurer _____

What it involves

The routine examinations, tests and treatments at this clinic. Specific procedures have their own consent form.

Expected benefits

Organised care, and one file that keeps your history.

Risks

The doctor writes down the risks that apply to you and explains them.

Common risks _____

Rare but serious risks _____

Alternatives

Seeking care elsewhere.

If nothing is done

We cannot treat you without your consent.

What I commit to afterwards

- Giving correct and complete details of my health and medicines.
- Telling the clinic when my details change.
- Keeping appointments or cancelling in advance.

General consent to treatment and data processing

Agreement and signatures

Your data

Tick what you agree to. You can change your choices by telling reception.

- ☐ Keeping my medical file on paper and electronically.
- ☐ Sharing what is needed with my insurer for claims.
- ☐ Sharing what is needed with laboratories, radiology and doctors I am referred to.
- ☐ Appointment reminders by WhatsApp and SMS.
- ☐ Health tips and offers (optional).

Photographs

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Patient's name

Signature

Date and time

Guardian (for minors or a patient who cannot sign)

Name _____

Relationship _____

ID no. _____

Signature _____

Witness

Name _____

Signature _____

Doctor's declaration

I have explained the procedure, its benefits, risks and alternatives to the patient or guardian, and answered their questions.

Doctor's name

Signature

Date

Interpreter (if used)

Name and language _____

Signature _____

In Medicolize this document lives on the patient file: medicolize.com