ClearSilk

CLEARSILK

Status: active Form type: default Company: Acme Inc

This consent form is intended to ensure you fully understand the ClearSilk treatment, its purpose, potential benefits, possible risks, aftercare requirements, and available alternatives. Please read carefully before signing. If anything is unclear, your healthcare provider will be happy to explain further before you proceed. ClearSilk is a non-invasive treatment that uses advanced laser technology to improve the appearance of the skin, targeting vascular concerns, pigmentation, and overall skin texture. The treatment uses a gentle laser to penetrate the skin's surface, stimulating collagen production and targeting specific issues like rosacea, redness, broken capillaries, and age spots. ClearSilk is typically used on the face, neck, and décolletage, providing a smoother, more even skin tone with minimal discomfort. The benefits of ClearSilk include improved skin tone, reduced redness, less visible veins, and a more youthful appearance. It is effective for treating rosacea, fine lines, and sun damage, helping to rejuvenate the skin without the need for invasive procedures. Most patients experience minimal discomfort, and there is typically no downtime following the procedure, making it a convenient option for individuals seeking skin enhancement with a fast recovery time. As with all laser treatments, there are risks. Common side effects include temporary redness, swelling, and mild irritation at the treatment site. These side effects usually subside within a few hours to a few days. Less common risks include skin burns, scarring, changes in skin pigmentation (either hyperpigmentation or hypopigmentation), and a risk of infection if the treated area is not properly cared for. In rare cases, the treatment may not achieve the desired results, requiring additional sessions. Alternatives to ClearSilk include other laser treatments such as Intense Pulsed Light (IPL), fractional CO2 laser, and chemical peels. Other options include topical treatments like retinoids or prescription creams for pigmentation issues. Your healthcare provider will discuss the most suitable option for your skin type and concerns. Aftercare is crucial to ensure the best results and minimise the risk of complications. You should avoid sun exposure and use a high-factor sunscreen for several weeks following the treatment. It is also recommended to avoid using harsh skincare products, exfoliants, or engaging in activities that may irritate the skin, such as saunas or hot showers, for the first 48 hours. You may experience slight redness or mild swelling, which is normal and should subside within a few days. Follow-up sessions may be necessary for optimal results. You must provide complete and accurate medical history, including any skin conditions, allergies, and current medications, to ensure ClearSilk is safe for you.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

I will retain this information throughout the course of my treatment and refer to it as required.