

WELCOME

Welcome to Dr Julian De Silva's The Centre for Facial Cosmetic & Plastic Surgery.

The following pack of information is a set of customised forms that include registration details, patient rights & responsibilities and our data protection and privacy policy.

As this is a virtual appointment or online assessment the more detail you can supply below is appreciated to ensure all recommendations are appropriate to your medical history and aesthetic goals. Surgery is subject to the below information and may not be offered should Dr De Silva feel he is unable to meet your aesthetic goals.

Furthermore, please refer to our guide to cosmetic surgery document on the final page of this document. This is a useful tool in preparation for your consultation and potential surgery.

We ask for this form to be filled out using Word or pdf.

If you should have any questions regarding these forms do not hesitate to ask our staff.

PATIENT'S REGISTRATION FORM

PATIENT INFORMATION	
Patient Name:	
Date of Birth:	Gender:
Address:	
Email Address:	
Home Telephone Number:	
Mobile/ Work Telephone number:	
How do you like to be contacted? May we leave messages on your answer machine? May we contact you by post? Other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Details next of kin or emergency contact:	Telephone:
Do you have someone to take care of you after your surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently: <input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Have you an important date coming up in the next 6-months?	
Current Profession/ Employment? <input type="checkbox"/> Profession _____ <input type="checkbox"/> Retired <input type="checkbox"/> Family/ Young Children <input type="checkbox"/> Career break	

Any special sports/ hobbies?
When was your last holiday? _____ Do you have any holidays planned? _____
How did you hear about us:
GENERAL PRACTITIONER OR PRIMARY CARE PHYSICIAN
Physician Name: Is this your GP: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:
Telephone:
Date of most recent Physical Examination:

PATIENT MEDICAL HISTORY

Procedures I would like to discuss with the doctor (Please tick or highlight):

Surgical Treatments

- Eyelid Rejuvenation/ Blepharoplasty, Forehead/Brow Lift
- Nose Re-Shaping/ Rhinoplasty
- Facelift Neck lift Neck Liposuction
- Volume Replacement Fat Transfer
- Chin Implant Cheek Implant
- Ear Surgery: Otoplasty (Ear pinning)
- Lip Surgery/ Lip reduction/ Lip enlargement
- Skin Rejuvenation: Chemical Peel Laser Resurfacing
- Skin growths/moles/ Scarring/ Other
- Faster Healing: PRP Stem Cell Technology

Non-Surgical Treatments

- Botox Fillers (Restylane, Juvaderm etc) Other

What would you like to change about your facial appearance? Please answer in detail.

How many hours a day do you think about your facial appearance?

What difference do you think it will make to you having surgery?

The below questions are used as a baseline evaluation before undergoing facial treatment. Please answer how often each of the following applies to you. **The numbers refer to the following verbal labels: 0 = Not at all, 1 = Rarely, 2 = Sometimes, 3 = Often & 4 = All the time**

Please write next to the questions your answer- 0,1,2,3 or 4.

1. I check my appearance (e.g. in mirrors, by touching with my fingers or by taking photos of myself).
2. I compare aspects of my appearance to others.
3. I avoid situations or people because of my appearance.
4. I think about how to camouflage or alter my appearance.
5. I avoid reflective surfaces, photos, or videos of myself.
6. I try to camouflage or alter aspects of my appearance.
7. I brood about past events or reasons to explain why I look the way I do.
8. I am focused on how I feel I look rather than on my surroundings.
9. I discuss my appearance with others or question them about it.
10. I try to prevent people from seeing aspects of my appearance within situations (e.g., by changing my posture, avoid bright lights).

Have you ever had or used?

- | | |
|----------------------------------|--|
| Retin A (topical tretinoin) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chemical peels | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Microdermabrasion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Laser, type _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Botox | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restylane, | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other Filler, etc Silicone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accutane | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Herpes (or cold sore) medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oral contraceptives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other _____ | |

PATIENT MEDICAL HISTORY

Height _____ Weight _____

How is your general health, any current issues?

Past Medical Conditions: *please include dates*

Past Cosmetic Procedures: *please include dates*

Were you are happy or unhappy with previous surgery?

Past Surgical Procedures/ Year:

Please list any current medications:

Please list any herbal medications:

(e.g. Vitamin supplements, St.John's Wort, Fish oils, garlic, ginseng)

Family Conditions:

Do you have any allergies to the below medications?

Penicillin

Yes No

Aspirin

Yes No

Codeine

Yes No

Elastoplast

Yes No

Sedatives/ Sleeping pills

Yes No

Latex

Yes No

Local Anaesthetics

Yes No

Other:

Do you take any of the following medications? Aspirin NSAIDs e.g. Ibuprofen Plavix Warfarin Accutane Oral (Isotretinoin)/ (Vitamin A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Women only Are you pregnant? Are you breast feeding? Are you taking the contraceptive pill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol? If so how much per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke? If so how much per day? Are you a former smoker? If yes, when did you quit smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL HEALTH			
	Yes	No	Details:
Do you suffer from: Anaemia? Sickle Cell Thalassaemia? Bruise easily? Bleeding or blood disorders? Fainting? Convulsions or Epilepsy?			<i>If yes please explain.</i>
Have you had any major illnesses in the past?			

Do you have a history of: Recent life crisis e.g. divorce, Bereavement etc. Anxiety? Depression? Psychological condition? Other?			<i>If yes, which medication are you taking and for how long?</i>
Have you had any major operations in the past? If yes, were there problems with the anaesthetic? Previous Sedation? Previous failed Sedation? Previous General Anaesthetic? Previous Anaphylaxis?			
Teeth: Do you have frontal caps or veneers?			
CARDIAC HEALTH			
Do you suffer from:	Yes	No	Details:
High Blood Pressure?			
Low Blood Pressure?			
Chest pains (Angina)?			
Heart Attack?			
Swelling of the ankles?			
Palpitations?			
Breathlessness on exertion?			
Have you had Rheumatic Fever?			
RESPIRATORY HEALTH			

Do you suffer from:	Yes	No	Details
Breathlessness?			
Asthma?			
Bronchitis?			
A previous blood clot in the lung or thrombosis?			

GASTROINTESTINAL HEALTH			
Do you suffer from:	Yes	No	Details
Ulcer/ Digestive problems?			
Jaundice/ Liver problems?			
Problems when passing urine?			
METABOLIC HEALTH			
Do you suffer from:	Yes	No	Details
Diabetes?			
Low blood sugar?			
Arthritis?			
Muscle weakness?			
Eating disorder?			
OTHER			
Do you suffer from:	Yes	No	Details
Glaucoma?			
Thyroid disease?			

Kidney Problems?				
INFECTION CONTROL				
	Yes	No	Not App	Details
Have you ever been diagnosed with Hepatitis B? Hepatitis C? HIV?				
Have you been an inpatient in any healthcare facility in the last 6 months?				
Have you been diagnosed with any infections in the last 6 months?				
If Yes, did you take Antibiotics? Please specify:				
Have you been told you have MRSA? -If Yes, have you been swabbed for MRSA prior to this admission? -Do you have a copy of your results to show you are now clear?				

PATIENT'S AGREEMENT: RIGHTS & RESPONSIBILITIES

Rights

- The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals that make up the office organization.
- The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.
- The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific

procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.

- The patient has the right to obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.
- The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.
- The patient has the right to expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.
- The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.
- The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.
- The patient has the right to know the mechanisms for grievance as well as suggestions.
- The patient has the right to refuse care, treatment, and services in accordance with law and regulation.
- The patient has the right to dispute information in their medical record
- The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.

Responsibilities

- The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies, and unexpected changes in the patient's condition.
- The patient will inform the physician if they are pregnant or breast feeding.
- The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.
- If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan. The patient and family are responsible for the outcomes if the do not follow the care plan.
- The patient is responsible to inform his/her physician about any living will medical power of attorney, or other directive that could affect his/her care.
- The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct
- There are CCTV surveillance cameras in this facility for practice/patient safety, security & training, in accordance with General Medical Council guidelines and the Information Commissioner's Office.
- Patients and families are responsible for being considerate of the practice's staff and property.

- The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.

DATA PROTECTION PRIVACY NOTICE

In providing your Medical Care and Treatment, we will ask for information about you and your health. Occasionally, we may receive information from other providers who have been involved in providing your care. This privacy notice describes the type of personal information we hold, why we hold it and what we do with it.

Information that we collect

We may collect the following information about you:

- Personal details such as your name, date of birth, national insurance number, address, telephone number and email address
- Information about your general health and medical history, including clinical records made by other medical professionals involved with your care and treatment
- -X-rays, clinical photographs, digital scans and study models
- Medical and dental histories
- Treatment plans and consent
- Notes of conversations with you about your care
- Dates of your appointments
- Details of any complaints you have made and how these complaints were dealt with
- Correspondence with other health professionals or institutions
- Details of the fees we have charged, the amounts you have paid and some payment details

Dr Julian De Silva is responsible for keeping secure the information about you that we hold.

Those at the practice who have access to your information include health care administration and other professionals involved with your care and treatment, and the reception staff responsible for the management and administration of the practice.

How we use your information

To provide you with the care and treatment that you need, we require up-to-date and accurate information about you.

We will seek your preference for how we contact you about your care. Our usual methods are telephone, email or letter.

Your information is normally used only by those working at the practice but there may be

Instances where we need to share it – for example, with:

- Your GP

We will only disclose your information on a need-to-know basis and will limit any information that we share to the minimum necessary.

In certain circumstances or if required by law, we may need to disclose your information to a third party not connected with your health care, including HMRC or other law enforcement or government agencies.

Keeping your information safe

We store your personal information securely on our practice computer system and in the short term a manual filing system. Your information cannot be accessed by those who do not work at the practice; only those working at the practice have access to your information. They understand their legal responsibility to maintain confidentiality and follow practice procedures to ensure this.

We take precautions to ensure security of the practice premises, the practice filing systems and computers

We use high-quality specialist dental and medical software to record and use your personal information safely and effectively. Our computer system has a secure audit trail and we back-up information routinely.

We also use cloud computing facilities for storing some of your information. The practice has a rigorous agreement with our provider to ensure that we meet the obligations described in this policy and that we keep your information securely.

We keep your records for 10 years after the date of your last visit to the Practice.

Access to your information and other rights

You have a right to access the information that we hold about you and to receive a copy. You should submit your request to the practice in writing or by email. We do not usually charge you for copies of your information; if we pass on a charge, we will explain the reasons.

You can also request us to

-Correct any information that you believe is inaccurate or incomplete. If we have disclosed that information to a third party, we will let them know about the change

-Erase information we hold although you should be aware that, for legal reasons, we may be unable to erase certain information (for example, information about your treatment)

-Stop using your information – for example, sending you reminders for appointments or information about our service

- Supply your information electronically to another Practitioner

If you do not agree

If you do not wish us to use your personal information as described, you should discuss the matter with your practitioner or practice manager. If you object to the way that we collect and use your information, we may not be able to continue to provide your medical care. If you have any concerns about how we use your information and you do not feel able to discuss it with your practitioner, practice manager anyone at the practice, you should contact The Information Commissioner's Office (ICO), Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF (0303 123 1113 or 01625 545745).

Consent

If you agree to the way that we collect, store, and use your information, please provide consent by way of signature. Please ensure that if you have any questions regarding the way we collect, store, and use your information that you ask your practitioner or a member of the administration team prior to signing this consent.

Patient Signature/ Patient

Translator (if required)

Witness Signature/ Position

Date

Cosmetic Surgery Self-Assessment

Why am I considering cosmetic surgery?

The best reason for cosmetic surgery is to improve your self-image – how you feel about yourself. A strong self-image allows a person to feel more confident and more comfortable in their work life, social life and relationships. Are you having cosmetic surgery to please others or yourself? It is important to realise that cosmetic surgery aims to improve your appearance; this does not guarantee an improved life.

Are my expectations realistic?

Dr De Silva will provide guidance on the most attainable and natural looking results. Having realistic expectations may be the most important factor in achieving a successful result. Be clear about the feature that bothers you and about your expectations. This will allow Dr De Silva to determine the most appropriate procedure. An accurate description can prevent unexpected results and the need for additional procedures. Discussing your concerns prior to surgery is the best and safest option. Dr De Silva is honest about providing you with an improved appearance, perfection is not possible. Preoperative medical clearance

At The Centre we want every patient's experience to be as safe as possible. You are required to disclose all medical conditions and medications to us so that we can ensure it is safe to proceed with surgery. Any physical or mental health conditions will need to be considered prior to surgery and we may ask you to provide medical clearance from your doctor. We request that all patients have a basic set of blood tests as an extra level of safety and to ensure any unusual result can be evaluated and treated before having surgery.

Is now the best time for cosmetic surgery?

Plan your surgery when you are relaxed and can afford the time to convalesce and heal afterwards. Otherwise, you may face longer and more difficult recovery periods. You may want to delay surgery if you are under external pressure or preoccupied with other matters. Most surgeries require a recovery period of 7-10 days, though longer procedures may require 2-6 weeks of down time.

How will I adjust to the change in my body image?

It may take some time for you to adjust to your new body image . This is especially true for procedures that create a major change to your face, such as nose surgery (rhinoplasty). Cosmetic surgery is a journey, through which you will see change over several weeks and months, and feel a variety of emotions through the entire surgical and healing process. Am I emotionally prepared for cosmetic surgery?

The recovery process and change in body image can be an emotional time for some. You may experience down days where you might question whether you have made the right decision. You must remember to stay positive and keep the end result in mind. Swelling and bruising are temporary and completely normal progressions of healing. Incisions will heal and fade; your final result may not be seen for several months. It is important to discuss your concerns with your doctor at your follow up appointments. You are not the first person to feel this way after surgery. Cosmetic surgery is not advisable if you are experiencing any emotional hardship from family life, relationship issues or pressure at work. The added pressure of surgery, recovery and the change in body image can increase the risk of depressing feelings. Adding further stress to a difficult situation may make it harder for a person to see any positives.

Do I have a support network?

It's important to have someone to support you physically and emotionally during your recovery. You should not be alone for the first day after surgery and will require time to rest and heal over the first week. Realise that you may have days when you feel depressed as you go through the healing period. Consider telling your family, friends or GP about your decision to undergo surgery so that someone that knows you can help provide some moral support. At The Centre we are always here to help you through your recovery. Feel free to call or email us when you feel you can't speak to family or friends about your concerns. Beware of negative comments from anyone who may have issues with your decision to change your appearance.

Have I considered and accepted the risks?

There is risk involved with any surgery which you will need to discuss with Dr De Silva. You must consider and accept all the risks for each procedure before making your decision to have surgery. Unexpected results, though rare, can create emotional distress for both patient and surgeon. You must accept that it will require time, patience and a mutual trust between you and your surgeon to work toward improvement. Cosmetic surgeons, like all surgeons, cannot offer you guaranteed results.

Can I afford cosmetic surgery at this time?

You are investing in a lifetime change to help you feel better about yourself. We ask all patients to complete their payment in full prior to surgery in order to avoid financial stress in the recovery period.