# Patient Story Consent Form

Please return to: Communications Office, British Association of Dermatologists  
4 Fitzroy Square, London, W1T 5HQ

Email: [comms@bad.org.uk](mailto:comms@bad.org.uk)

|  |  |
| --- | --- |
| **I am the patient / parent / guardian** (please delete as appropriate. Consent from the parent or guardian is required when the patient is under 16 years of age.) | |
| **Full name** | |
| **Address:** | |
| **Phone number:** | |
| **Email:** | |
| **Name of condition / disorder:** | |
| **Name of patient (if form being completed by parent or guardian):** | |
| **Patient’s date of birth:** | |
| **Patient’s gender (please tick):** | **Male  Female**  Prefer not to say  **Prefer to self-describe:** |
| **Has your diagnosis been confirmed by a GP/Dermatologist/other healthcare professional?**  **Yes  No** | |
| **Dermatologist’s name and place of work:** (if applicable) | |  |

Statement explaining how the condition affects my life and makes me feel: (please continue on a separate sheet if you require more space)

**I am happy to act as a ‘patient story’ (previously known as a case study) in the following (please tick):**

The BAD’s own publications:  YES /  NO

Media reports (The BAD will contact you with the details of any media queries you may be able to help with):  YES /  NO

*I have read and understood the BAD guidance regarding patient stories (case studies) and agree to the submission of my personal statement and any photographs also provided and the use by the BAD of this material in accordance with these terms.*

**Signature:**   **Date:**

**Name (Please Print):**