

**PERSONAL INFORMATION**

Date.....

Full Name

Address

Date of Birth

Email

Phone No.

Are you pregnant or breastfeeding? NO  YES

Do you have a prior medical history? NO  YES

Do you practice sport? If YES, please specify which and frequency:

NO  YES

Have you had surgery? If YES, please specify:

NO  YES

Are you currently taking medications? If YES, please specify:

NO  YES

Please let us know if you have or have had cold sores:

NO  YES

Have you had any aesthetic surgery? (lifting, liposuction, nose, jaw, hair transplant, breast augmentation etc.). If YES, please specify:

NO  YES

Have you had healing problems after surgery or trauma? If YES, please specify:

NO  YES

Have you already undergone aesthetic procedures?

NO  Laser  Peeling  Dermabrasion  Injections  Gold Wire  Ultrasound   
 ≤ 1 month  ≤ 3 months  ≤ 6 months  ≤ 1 year  ≥ 1 year

Others, please specify:

Did these previous aesthetic procedures cause any undesirable reactions?

NO  YES

- Forehead
- Glabella
- Tear Trough
- Cheeks
- Nasolabial Lines
- Lower Face
- Neck
- Others: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- "Crow's Feet"
- "Bunny Lines"
- Nose Filler
- Lip Contour
- Lip Volume

Was it with  Hyaluronic Acid  Botulin Toxin  Other Products

Date of Injection	Injection Areas	Product Name / Serial Nr.

## Botulinum Toxin Injection Consent

You have the right to be informed about the proposed treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and complications involved. This disclosure is not meant to create anxiety but is simply an effort to better inform you so that you may give or withhold your consent. Botulinum toxin injections may include but are not limited to, the following risks and complications: (Please enter your initials if you agree with each statement).

- \_\_\_\_\_ 1. Allergic reactions, including rash, itching, local swelling, or more severe reactions.
- \_\_\_\_\_ 2. Botulinum toxin contains albumin from human blood, to which certain individuals are allergic. If you have had adverse reactions to certain immunisations or are allergic to eggs, you should not use botulinum toxin.
- \_\_\_\_\_ 3. The effects of botulinum toxin are potentiated (increased) when patients are taking certain antibiotics (aminoglycoside derivatives) and other drugs that interfere with neuromuscular transmission. Be sure to advise your practitioner of all medications you are taking or have recently taken.
- \_\_\_\_\_ 4. Because botulinum toxin contains human albumin, there is a remote chance of transmission of serious viral diseases. This complication has never been identified, but it is possible.
- \_\_\_\_\_ 5. Bruising may be possible, especially if botulinum toxin is used around the eye area. Typically, these discoloured areas disappear with time.
- \_\_\_\_\_ 6. If used around the eye, botulinum toxin may cause difficulty in closing eyelids tightly. The result may be corneal exposure with resultant drying, potential ulceration, and visual complications. The affected eyelid may droop. Protective patching and/or medication may be required until this complication has passed.
- \_\_\_\_\_ 7. The safety of botulinum toxin in pregnant women or nursing mothers has not been established.

I have fully and truthfully informed my practitioner of my past medical and social history, including drug and alcohol use, recognising that withholding information may jeopardise the planned outcome of this treatment. I agree to cooperate fully with my practitioners' recommendations while under treatment, realising that any lack of cooperation can result in a less-than-optimal result. If any unforeseen condition should arise during this procedure calling for additional or different procedures from those planned, I authorise my practitioner to use professional judgment to provide the appropriate care to complete the procedure. I understand this is an elective procedure and have not been given any warranty or guarantee as to the result of the proposed procedure.

I certify I have had an opportunity to read the above paragraphs and I fully understand the terms used. I understand the reasons for the proposed treatment and its potential benefits to me it has been explained to me what alternatives there are, if any, to this treatment. All my questions have been answered to my satisfaction and I am willing to undergo this elective treatment. I also state that I read, speak and understand English.

Client Name

Dates

Client Signature

Practitioners' signature.



## Dermal Filler Injection Consent

You have the right to be informed about the proposed treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and complications involved. This disclosure is not meant to create anxiety but is simply an effort to better inform you so that you may give or withhold your consent. Botulinum toxin injections may include but are not limited to, the following risks and complications: (Please enter your initials if you agree with each statement)

This is an informed consent document that has been prepared to help inform you concerning Dermal Filler injections and the risks involved. It is important that you read this information carefully and completely. Please initial each contraindication, indicating that you have read and understood it, and sign the consent at the bottom prior to your treatment.

Dermal fillers are used to correct volume loss, shape, contour, and reduce the appearance of fine and/or deep lines. They consist of Hyaluronic acid which is a naturally-occurring gel produced in the body, which is injected into the treatable area. Fillers consist of local anesthetic gel which minimises discomfort. The results can often be seen immediately after injection and can last anything between 8-18 months.

Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your practitioner to make sure you understand the risks, potential complications, and consequences of dermal filler injections:

- \_\_\_\_\_ • Bleeding
- \_\_\_\_\_ • Bruising/Swelling
- \_\_\_\_\_ • Infection
- \_\_\_\_\_ • Lumpiness
- \_\_\_\_\_ • Discolouration

### CAUTIONS & CONTRAINDICATIONS (To be checked with the patient prior to treatment)

- \_\_\_\_\_ • Pregnancy/Breastfeeding
- \_\_\_\_\_ • Infected skin area e.g. cold sores/cellulitis etc.
- \_\_\_\_\_ • Anticoagulant use (e.g. Warfarin/Aspirin)
- \_\_\_\_\_ • Known hypersensitivity to hyaluronic acid or any of its excipients e.g. Lidocaine

Photographs will be taken for documentation and will be stored electronically for reference purposes only and will not be passed on to any third party. Staff authorised by YOUR BUSINESS NAME are trained in Data Protection and Clinical Governance and may process the files for storage only.

Client Name

Dates

Client Signature

Practitioners' signature.