

Laura-Mae Aesthetics

Consultation form

Name:

DOB:

Address:

Email:

Phone:

Social media images (Yes/No): .

- Have you had any cosmetic treatments before? If yes, please state:
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- Do you have any allergies or currently on any medication? This includes but not limited to Bee stings, anaesthetics. If yes, please state:
- Are you pregnant, breastfeeding or undergoing IVF treatment? If yes, please state.
- Do you have any medical problems, skin conditions, autoimmune conditions or are undergoing any treatment? If yes, please state:
- Please list any medications you are on:

Please do not proceed with treatment until you are satisfied with the information supplied to you, please do not proceed with treatment if you are unsure of any of the questions above.

By signing this form you are agreeing that you have read and understood the information on this form and any other information supplied to you and therefore agree that your clinician is not liable to cover costs, damages and expenses arising from the treatment. Once treatment commences, you will be liable to pay the full amount for the treatment and a refund will not be offered there on after. By signing this form you agree that you have supplied your clinician with all relevant information including but not limited to: medical

problems, any issues that would impact treatment or if you are receiving any other treatment or medication.

Please be aware that with any treatment, there will always be risks and it is important that you feel confident before undergoing any cosmetic treatment and that you are aware that results will vary from client to client. Some factors that may impact results are but not limited to: Genetics, age, metabolism, natural anatomy, medical history. Please bare this in mind, there is no guarantee on the results that can be achieved through treatment. This applies to all treatments and dissatisfaction remains a risk.

Please be aware that you may incur some side effects from treatment, there are but not limited to: Bruising, swelling, itching and inflammation. Please be reminded that it is important to keep the treated area clean post treatment and maintain this for at least 48 hours after and try to maintain this after the recommended time frame.

By signing this document, I agree to the above and accept the below information:

I consent to the use of anaesthesia if necessary.

I understand that photos will be taken and used for promotional reasons if agreed to.

I understand that I will not be offered a full or partial refund once treatment commences and that deposits are entirely non-refundable.

I understand that if I publish any negative results or feedback of my experience at Laura-Mae Aesthetics, this may result in court proceedings.

I understand that the price reflects the service and product and any additional medical costs will not be covered and it is the patients responsibility to cover this.

I understand that the clinic is not open 24 hours, therefore if a complication arises, you agree to seek medical advice (contacting your local GP for example) immediately and contact the clinic at the next available opportunity. However, we advise that if there is a non-severe complication that we can address in clinic, we advise that you do not book in with another company or clinician (except your GP or a hospital) as in most cases can be resolved in house and in booking with another company/clinican you invalidate our review procedure and your insurance policy. However, if you ar concerned about your immediate health, always seek advice from your GP or hospital.

I understand that this treatment is mostly for cosmetic reasons and that I have been given the opportunity to make an informed, rational and sober decision to proceed with treatment.

I understand that there are no long term studies for new procedures and that if a product is faulty or causes adverse effects that your clinician is not liable for this or any medical costs

incurred afterwards.

Client's declaration signature:

Name:

Signature (Print):

Date:

Clinician's declaration:

I am appropriately trained, insured and have the adequate experience to conduct this treatment. I have informed the client with all relevant information including but not limited to the intended benefits, risks, possible side effects and varying results. I have discussed and informed the client of what the procedure entails and that the client can withdraw from the treatment at any time, if they so wish.

Clinician's declaration signature:

Name:

Signature (Print):

Date: