

## PLASMA TREATMENT HISTORY, CONSENT & RECORD FORM

### Patient details

Name:
Address:
Post code:
Email:
Tel/Mobile:
Date of birth:

Please ensure you understand the potential complications and personal requirements of the procedure indicated below, by answering the following questions. If you are unsure of any details, please discuss with the practitioner treating you.

	YES	NO
Are you pregnant, breastfeeding, or is there any possibility that you are pregnant?		
Are you trying to conceive or undergoing any IVF treatment?		
Do you have a pacemaker?		
Do you suffer from any known allergies, including topical anaesthesia creams? If yes, please specify.		
Do you suffer from any illnesses e.g. diabetes, angina, epilepsy, hepatitis, depression, HIV, arthritis or other auto immune disease? If Yes, please specify.		
Are you taking any medication, including the contraceptive pill? If Yes, please specify.		
Are you taking aspirin, warfarin, other anti-coagulant treatments, or ibuprofen? If yes, please specify.		
Have you taken any antibiotics in the last 2 weeks? If yes, please specify.		
Have you taken Roaccutane in the past 6 months?		
Are you attending or receiving treatment from a doctor or specialist at present? If yes, please specify.		
Have you had any surgery or injury in the past? If yes, please specify.		
Do you have, or have you had, any form of skin cancer? If yes, please specify.		
Do you have a history of anaphylactic shock (severe allergic reactions)?		
Do you suffer from fainting or low blood pressure?		
Do you suffer from keloid or hypertrophic scars? If yes, please specify.		
Have you been diagnosed with any skin conditions? If yes, please specify.		
Do you have a history of cold sores or other skin infections? If yes, when was your last breakout?		
Have you used any topical retinoid's / Vitamin A products in the last 3 days? If yes, please specify.		
Have you used any laser or skin peels in the last 6 weeks? If yes, please specify.		
Have you been exposed to excessive sun, electrolysis, depilatory creams, or waxing in the last 5-7 days? If yes, please specify.		

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	YES	NO
Have you previously received any <b>aesthetic treatments</b> (eg laser, Botox, dermal fillers, peels, facial fat transfer, plasma etc.)? If yes, please specify which treatment, and when was your last treatment.		
Have you previously experienced any <b>reactions</b> from aesthetic treatments (eg Botox, dermal fillers, peels, laser, facial fat transfer etc.)? If yes, please specify.		
Have you ever had treatment of <b>permanent filler</b> injections or implants? If yes, please specify.		
Do you have an ocular prosthesis (artificial or glass eye)?		
Do you have any tattoos, including semi-permanent makeup, in the area of treatment? If yes, please specify.		
Do you have a tan or wear/use fake tan? If yes, please specify.		
Do you smoke? If yes, how many/day?		
Are you undergoing any dental work? If yes, please specify		
When was your last visit to the dentist?		
What skincare products are you currently using? (Retinoids, brands, moisturisers, makeup etc)		
What are your skin concerns? (please circle) Acne, acne scarring, dryness, dull/grey, rosacea/redness, fine lines, wrinkles, hyper/hypopigmentation, oily skin, scarring, sun damage, texture, loose skin, thread veins, skin tags.		
What area of the skin do you want to treat?		
What/where are you hoping to achieve/improve from treatment?		

### Treatment Information

#### Plasma Treatment for Skin Improvement, Lines, Wrinkles, Skin Tags, and Lesions

TREATMENTS WITH THE DEVICE ARE NOT RECOMMENDED IF YOU HAVE A PACEMAKER or METAL IMPLANT.

The Plasma Treatment has not been tested on children, breast feeding or pregnant women and is therefore not recommended in these cases.

Treatments should be avoided if you have an underlying medical condition, uncontrolled diabetes, or have an increased susceptibility to keloid formation.

Plasma treatment is an aesthetic treatment.

This device is not intended to treat any disease or medical condition. Only benign skin lesions can be removed for aesthetic reasons only. Mole and skin lesion removal can only be undertaken if you have had confirmation from your dermatologist, GP, or specialist that these are benign. Please be aware that certain benign skin lesions may recur despite the method used to remove them. In the unlikely event the lesion, although previously diagnosed as benign, has become

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red, inflamed, or sore, it must be assessed by a specialist and its removal, if appropriate, can only be carried out by a medical practitioner with suitable instrumentations such as a dermatologist.

During the procedure, the plasma causes some heating of the skin which may feel slightly painful, burning, or tingling - an anaesthetic cream is applied to minimise any discomfort.

### Post Treatment Advice

Reactions from treatment include:

- Accentuated lines & wrinkles due to dryness
- Dryness
- Indentations where scabs have formed
- Irritation
- Minor bleeding
- Mild pain/soreness
- Redness
- Scabs
- Swelling - quite pronounced and prolonged around the eyes

These reactions are usually temporary and should resolve in time.

The treated area may be tender or there may be a lingering burning or tingling sensation that can last a few hours. Tiny dark brown or black spots may appear, or a burn-like appearance may be seen where treatment has been carried out. The tiny spots and 'burn' will flake off over the next 5-7 days.

Redness can last approximately 2 weeks, however, some people may react differently and may experience reactions for 4-6 months, and rarely 1-2 yrs. If prolonged, skincare containing arbutin, rosehip, or aloe vera can be applied. If redness persists, there are signs of infection, or the part is sore consult your practitioner. If any other side effects develop, report them to practitioner immediately.

After treatment, avoid all facial products, other than those recommended by your practitioner, until skin normalises as these may irritate the skin. Apply the recommended oil/cream regularly. Skin needs to remain moist to promote healing.

Swelling is common and can often be worse the following morning and last several days. At its worst, swelling can cause some interference with vision.

Drinking plenty of water and eating foods with vitamins A, C & E will greatly help the healing process. Movement – brisk walking or jumping/skipping on the spot will help bring down any swelling.

It is your responsibility to keep the treated area clean and minimise the risks of infection. A mild cleanser in a basin of warm / tepid water splashed over the skin and rinsed thoroughly is recommended. Pat dry only, DO NOT rub. A light shower can be taken.

Refrain from touching or pulling at any flaking skin or pick any scabs which may follow treatment as this can cause an uneven result in pigmentation and may result in a scar.

Do not use makeup until the scabs have fallen off by themselves and the area has recovered fully. The use of makeup while the area is still recovering can increase the risks of scar formation and hyper or hypopigmentation.

Avoid alcohol for at least 48 hours after treatment.

Avoid the use of any plasters on the treated area/s.

Avoid smoking, extreme sports and exercise for one day following treatment or until the part/s treated have fully recovered.

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Avoid any activity which may increase the risks of infection.

Avoid, electrolysis, depilatory creams, and waxing for a minimum of 14 days after treatment or until the area/s have fully healed.

Avoid freezing temperatures, saunas, and sun exposure, tanning products, or UV lamps/light for 6 weeks after treatment.

Avoid the use of laser hair removal for a minimum of 3 months post treatment.

Apply sun protection daily for up to 3 months after the last treatment - failure to do so can increase risks of hyperpigmentation. Supplementing with astaxanthin may help to avoid effects of sunlight/daylight on the skin.

Effects of the Plasma Treatment for simultaneous use with peeling, botulinum toxin (botox), laser, or ultrasound based treatments in the same area is unknown and should be avoided for at least two months after the last treatment.

There is small risk of scarring, hyper and hypo pigmentation and other undesired effects, however these risks are greatly increased if the aftercare instructions are not strictly adhered to. Retinol creams and microneedling can help this.

As hair follicles are easily damaged by treatment, it is not unusual for there to be an area of alopecia (baldness) in the area treated.

The number of sessions required to achieve the desired result will be determined by the type of treatment you request, and the size of the area being treated. The minimum interval between treatments on the same area is 6 weeks. This minimum time period may be altered at discretion of your practitioner, depending on your skin type and your individual reaction to the treatment. A non-surgical blepharoplasty often needs 3 treatments at 6 weekly intervals to obtain best results. The results following treatment often last years or may be permanent.

Although the treatment is effective in most cases, you may require several treatments as suggested by your practitioner.

### Consent

I understand this treatment is an elective cosmetic treatment and hereby acknowledge the following:

	Yes	No
I confirm that to the best of my knowledge the health history that I have supplied is correct and that there is no other medical information I need to disclose.		
I further understand that withholding any medical information may be detrimental to my health and safety during the treatment in which I agree to undertake.		
I understand that if there is any change in my medical history, it is my responsibility to advise the practitioner before further treatments are carried out.		
I have been informed in detail and understand possible risks, conditions, reactions, side effects associated with the treatment and I understand that the development of any reactions/side effect must be reported to the practitioner as soon as possible.		
I understand I may require a series of treatments, normally with at least 6 weeks between procedures, to achieve the maximum cosmetic result.		
I certify that I will make available where possible any follow-up visits as my practitioner advises if required - approximately 2-6 weeks.		
The effects of treatment will vary with some patients than with others and I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no written, implied, or verbal guarantee that the anticipated results will be achieved.		
I have understood and agree to follow above post treatment advice given in the form of a <b>leaflet</b> in the knowledge that deviation can cause a disappointing result and, in some instances, can pre-dispose me to side effects and reactions to treatments.		
The treatment has been explained to me by the practitioner and I have had the opportunity to ask questions and that these have been answered to my satisfaction and I confirm that I have been allowed sufficient time to make a carefully considered decision.		

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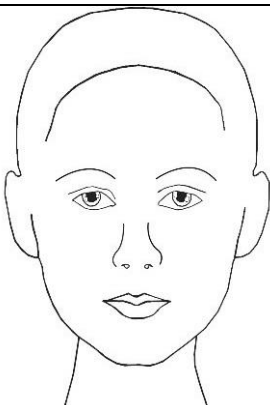
	Yes	No
I understand that pre and post-treatment photographs will be taken and that these will be used for assessment reasons. I can confirm these images are taken with my knowledge and I consent to them being placed in my file.		
I consent to photographs being used for educational, training, teaching, and lectures.		
I consent to photographs being used for:		
Website		
Facebook		
Instagram		
Twitter		

			Yes	No
I have read the above consent and I confirm that by signing this form I consent to undergo treatment. I understand that I am free to withdraw my consent at any time.				
Date:	Client Print Name	Client Signature	Time:	
Date:	Practitioner Print Name	Practitioner Signature	Time:	

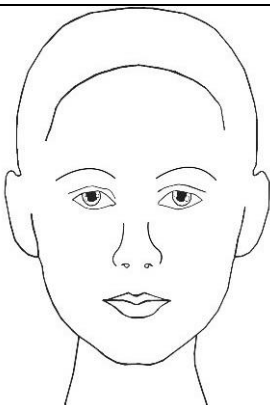
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OFFICE USE ONLY

Client Name:

Date: Time:	Photograph taken YES / NO	Topical anaesthesia:
Cleanser:	Needle:	Setting:
Area:		Indication:
<div><div>Notes:</div><div>Administered by:</div></div>		



Date: Time:	Photograph taken YES / NO	Topical anaesthesia:
Cleanser:	Needle:	Setting:
Area:		Indication:
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