Consent and Consultation form for patients treated with.
Soft Tissue Filler
Name:
Wante.
Address:
Hama Tali
Home Tel:
Mobile:
Email:
Date of Rirth:

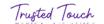
Treatment Record



Hyaluronic Acid Soft Tissue Filler – Consent Form

Medical History

1 Your medical history, medications, and allergies		
1.1 Are you a new client?	✓	×
If yes please go to section 2, if no go to section 1.2		
1.2 Has anything changed since I last treated you? If no then you do not need to fill in the rest of the form, if yes then go to s	vaction 2	×
ij no then you do not need to jiii in the rest of the form, if yes then go to s	ection 2	
2 Do you have (or have you ever had) any medical problems?		
If yes, please provide details:		
3 Are you currently receiving any medication or medical treatmer	nts (includin	g
supplements)?		0
If yes, please provide details:		
4 Do you have any allergies, or have you ever had a serious allergi	ic reaction?	
If yes, please provide details:	o reaction.	
EU 11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5 Have you had any cosmetic procedures done in the past? Procedure	\//	hen
Troccuare		ileii
6 Do you suffer from regular cold sores?	✓	×
7 Are you Pregnant?		
8 Are you breastfeeding?		
9 Do you smoke?	✓	×
10 How much alcohol do you consume per week.		(units)



Date:

This form is not just a formality – it is a record of you deciding to proceed with a procedure having fully considered the potential positive and negative outcomes; the medical risks as outlined below, and the impact they may have on your wellbeing.

Please initial ALL the boxes you have read, understood, and discussed as required with your aesthetic practitioner.

practitioner.	
	Initials
What is being injected? Hyaluronic acid injectables improve the appearance of lines and	
volume loss through volume replacement and hydration. Their main constitute parts are water,	
hyaluronic acid, and lidocaine anesthetic.	
Risks of injection include bleeding, bruising, haematoma, infection, and itching. Injection into	
the lip area could trigger a recurrence of herpes simplex virus (cold sores) which may require	
treatment. These problems resolve in time, however medical assistance may be needed in some	
cases, and long-term effects may persist in rare cases.	
Reactions including anaphylaxis, local skin reactions or biofilm reactions may occur, sometimes	
causing a lumpy effect or rarely abscesses. These can occur immediately or some months after	
treatment. They may require medical treatment and can leave permanent effects on	
appearance, sensation and function in the area treated. Reported reactions are 1:200. The	
chance of a reaction increases if you have an active auto-immune condition.	
Appearance: Unwanted visual side effects may cause distress and dissatisfaction, and include	
an increase in asymmetry, swelling, puffiness, pigment changes, surface irregularities and other	
blemishes. These may either recover, require further treatment or be permanent. The	
subjective nature of appearance means dissatisfaction is a possible outcome regardless of the	
effectiveness of the treatment.	
Blood vessel injury: In rare cases the arterial blood supply becomes blocked with filler. This can	
cause tissue necrosis and permanent scarring. There are extremely rare instances where filler	
has blocked the vessels which supply the eye or parts of the brain causing blindness of a stroke.	
Cases of these amount to a few hundred worldwide.	
Limitations and alternatives: I understand that occasionally treatment does not last as long as	
expected or does not work at all and additional treatments may be necessary to maintain the	
desired effect. Further treatments to attempt improvement in your results will incur additional	
cost. I agree I have considered alternative treatment.	
Contraindications: I confirm I do not suffer with any neuromuscular disease; I am not taking	
muscle relaxants; do not have an active infection and I am not breastfeeding or pregnant.	
Agreement: By signing this form, I agree that I have considered the side effects, risks and	
uncertainty of the outcome and decided the treatment is still in my best interests at this	
moment in my life. I have discussed all the details that are important to me with my aesthetician	
and shared all the information my aesthetician may need to plan my treatment. I agree that the	
balance of benefits and risks to me favours the use of soft tissue dermal fillers. I accept all the	
risks, complications, and conditions of the procedure. I understand photographs are taken and	
stored as part of my clinical record.	
No refunds policy: I understand that the results cannot be guaranteed and that I will have to	
pay for additional treatment if my treatment does not achieve my desired look. In addition, the	
treatment of side effects is included in the cost of the procedure and therefore <u>no refunds can</u>	
be given due to any of the above occurring.	
${\bf Clinician: I confirm I have summarized the relevant consent information verbally and checked under the information verbally an$	nderstanding.
Clinician signature:	Date:

Client signature:

Client name: