

Consent and consultation form for patients treated with:
Soft Tissue Filler

Name:

Address:

Home Tel:

Mobile:

Email:

Date of Birth:

Treatment Record



Medical History

1 Your medical history, medications, and allergies

1.1 Are you a new client? ✓ x

If yes please go to section 2, if no go to section 1.2

1.2 Has anything changed since I last treated you? ✓ x

If no then you do not need to fill in the rest of the form, if yes then go to section 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 treatments (including supplements)?

If yes, please provide details:

4 Do you have any allergies, or have you ever had a serious allergic reaction?

If yes, please provide details:

5 Have you had any cosmetic procedures done in the past?

Procedure	When

6 Do you suffer from regular cold sores? ✓ x

7 Are you Pregnant? ✓ x

8 Are you breastfeeding? ✓ x

9 Do you smoke? ✓ x

10 How much alcohol do you consume per week. (units)

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.

	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 no refunds can be given due to any of the above occurring.	

Clinician: I confirm I have summarized the relevant consent information verbally and checked understanding.

Clinician signature: Date:

Client name: Client signature: Date: