

General skin consultation and consent form:  
Cryotherapy; cautery; injectables

Name:

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Address:

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Home Tel:

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Mobile:

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Email:

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Date of Birth:

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Treatment Record



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 section 2*

2 Do you have (or have you ever had) any medical problems?

*If yes, please provide details:*

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3 Are you currently receiving any medication or medical treatments (including supplements)?

*If yes, please provide details:*

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

*If yes, please provide details:*

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

Procedure	When

6 Are you Pregnant? ✓ ✗

7 Are you breastfeeding? ✓ ✗

8 Do you smoke? ✓ ✗

9 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, and the impact they may have on your wellbeing.

Statement of aesthetic practitioner:

**Intended procedure:**

I have explained the procedure to the patient. In particular I have explained:

The intended benefits:

Significant, unavoidable, or frequently occurring risks:

I have also had a collaborative *Montgomery-compliant* discussion about what the procedure involves; benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

Additional client-led concerns:

Printed/electronic information has been given to the client:

**I confirm I have summarised the relevant consent information verbally and checked understanding.**

Clinician signature:

Date:

Name (print):

Statement of client: *(please tick the box if you agree)*

**I have read** (or had read to me) the provided printed or electronic information and understood its contents.

**I have considered** the risks and benefits of the procedure, and also the risks and benefits of other reasonable options for treatment, including having no treatment.

**I have had adequate time** to consider the information given to me

**I accept the risks** as explained to me

**I agree** to the procedure above

Patient name:

Patient signature:

Date: