RIOS HEALTH & BEAUTY
ENHANCING BEAUTY, NOURISHING HEALTH

DERMAL FILLER CONSULTATION FORM

Name : _____ Date : _____

Date of birth : _____ Age : _____ ☐Male ☐Female ☐ Non-Binary

Address: _____

City: _____State : _____ Zip Code : _____

Phone:_____ Email : _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us?_____

Are you referred by someone? If so, whom?_____

Would you like to be added to our email list for news and exclusive offers? _____

MEDICAL HISTORY

Please mark any of the following conditions you may currently have.

☐Alopecia
☐Blood Thinners
☐Fillers/ Botox
☐Hepatitis
☐HIV/AIDS
☐Eczema/Rashes
☐Bleeding Disorders
☐Skin Cancer
☐Chemotherapy
☐Sunburn
☐Varicose Veins
☐Ultra-Sensitive Skin
☐Recent Chemical Peel
☐Recent Scar Tissue
☐Recent Permanent Make Up
☐Recent Surgery
☐Pregnancy
☐Cold Sores
☐Use of Alpha, Hydroxy Acid
☐Use of Accutane, Renova or Retin-A

Any other conditions? _____
If you ticked any boxes, please give further details _____

Do you have any allergies? ☐ Yes ☐ No

If so, please list all _____

List all medications you take, including vitamins, herbal supplements, aspirin, hormones, and topical

_____

_____

Are you currently taking blood thinning medication? ☐ **No** ☐ **Yes**
If yes, please explain:

_____

Are you pregnant or trying to get pregnant? ☐ **No** ☐ **Yes**
If yes, please explain:

_____

Do you have any implants? ☐ **No** ☐ **Yes**
If yes, please explain:

_____

Have you had any Botox/ Dermal Filler treatments recently? ☐ **No** ☐ **Yes**
If yes, please state when & explain:

_____

Have you had any adverse reactions to any previous treatment ☐ **No** ☐ **Yes**
If yes, please explain:

_____

Have you exfoliated or applied any products to your face in the last 24 hours? ☐ **No** ☐ **Yes**
If yes, please state which products:

_____

Have you had any allergic reactions to any of the following?

☐ Aspirin
☐ Lidocaine (Anesthetic)
☐Botox/Dysport
☐Collagen
☐Hydrocortisone
☐Egg

Cosmetic Treatments or Surgery History

☐ Dermal Fillers ☐Botox/Dysport ☐Others _____

<u>By signing below, you agree to the following:</u>

I have completed this form truthfully and to the best of my knowledge. I agree to waive all liabilities toward my medical members and the employer for any injury or damages incurred due to any falsification of my medical history

_____ _____

Patient Name (Printed) **Patient Signature**

_____

Date

RIOS HEALTH & BEAUTY
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DERMAL FILLER
INFORMED CONSENT

A dermal filler is a non-surgical cosmetic treatment used to enhance and restore the youthful appearance of the skin. It typically involves injecting a substance, such as hyaluronic acid or collagen, into specific areas of the face or body to smooth wrinkles, add volume, and improve the overall texture of the skin. Dermal fillers can be used to treat fine lines, deep wrinkles, nasolabial folds, and marionette lines, and to add volume to the lips and cheeks. They are also employed for facial contouring and scar correction. The effects of dermal fillers are generally temporary and may last from several months to over a year, depending on the type of filler used. Dermal fillers are administered by trained healthcare professionals and are a popular choice for individuals seeking to rejuvenate their appearance without undergoing invasive surgery.

Dermal fillers typically include substances that are injected into the skin to enhance its appearance and address various cosmetic concerns. The key components of dermal fillers include

- Hyaluronic Acid: Which is the most common ingredient in many dermal fillers. Hyaluronic acid is a natural substance found in the body that helps maintain skin hydration and volume. It's used to add moisture and plumpness to the skin, reducing the appearance of wrinkles and fine lines.

- Collagen: Some dermal fillers contain collagen, a protein that supports the skin's structure and elasticity. Collagen-based fillers help to restore volume and smooth out lines and wrinkles.

- Calcium Hydroxylapatite: This mineral-like compound is used in dermal fillers to provide support and structure to the skin. It's often used for deeper wrinkles and facial contouring.

- Poly-L-lactic Acid: This biocompatible and biodegradable synthetic substance stimulates collagen production in the skin. It's used for gradually improving skin texture and treating fine lines and wrinkles.

- Polymethyl Methacrylate (PMMA): Tiny PMMA microspheres are suspended in a gel and used in some dermal fillers. They provide a semi-permanent solution for wrinkles and depressions in the skin.

- Others: There are also some specialized dermal fillers that may include different substances depending on the specific brand and type. These may include lidocaine (a local anesthetic) for enhanced comfort during the injection.

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RISK AND COMPLICATIONS

For every treatment, there are inherent risks involved. It is crucial that you thoroughly comprehend these risks before proceeding with the treatment. While providing a complete medical history can help reduce these risks, there may still be unforeseen complications that may arise. If you have any concerns about these risks, do not hesitate to reach out to your healthcare professional. The potential risks and complications include

- ☐ Allergic reaction
- ☐ Infection
- ☐ Eye Dryness or Tearing
- ☐ Bruising
- ☐ Skin irritation
- ☐ Blurred vision
- ☐ Anaphylaxis
- ☐ Arterial occlusion
- ☐ Scarring of the skin
- ☐ Increased sensitivity
- ☐ Headaches

Please initial each statement:

_____**During the treatment, despite all precautionary measures taken by the technician, it's important to recognize that there is a possibility of injury. I will not hold the technician responsible for any issues that may arise as a result of undergoing the procedure.**

_____**I understand that there are inherent risks associated with dermal fillers. If I experience any form of adverse reaction, I will promptly seek medical attention and inform my technician.**

_____**It is my responsibility to communicate any concerns I may have to the technician before the procedure.**

_____**I understand and agree to follow the aftercare instructions provided by my technician. I am aware that not adhering to the aftercare instructions may impact the achievement of the desired results.**

_____**I acknowledge that the product will be injected into the muscles of my face as part of the botulinum/Botox process. The technician performing the procedure will not be held liable for any damages to my skin or me for any reason, especially if I fail to follow aftercare instructions.**

_____**I have disclosed all pertinent medical history, and I commit to informing my technician of any changes that may occur in the future.**

By signing below, I hereby acknowledge that I have read and understand all the information in this informed consent agreement. I understand that this agreement is legal and binding and will remain in effect for this procedure and all future follow-ups conducted by RIOS HEALTH AND BEAUTY, and any of their associates. I fully understand the risks and side effects associated with the treatment. I freely assume these risks and release RIOS HEALTH AND BEAUTY, and any of their associates of all liability.

_____ _____

Patient Name (Printed) **Patient Signature**

_____

Date

RIOS HEALTH & BEAUTY
ENHANCING BEAUTY, NOURISHING HEALTH

DERMAL FILLER
PATIENT TREATMENTS RECORD

Name : _____ Date : _____

Date of birth : _____ Age : _____ ☐Male ☐Female ☐ Non-Binary

Address: _____

City: _____State : _____ Zip Code : _____

Phone:_____ Email : _____

Dermal Filler	Product Stickers

DERMAL FILLER
PATIENT TREATMENTS RECORD

Name : _____ Date : _____

Date of birth : _____ Age : _____ ☐Male ☐Female ☐ Non-Binary

Address: _____

City: _____State : _____ Zip Code : _____

Phone:_____ Email : _____

DATE	AREA TREATED	DOSE	TREATMENT NOTES	PRICE

DERMAL FILLER
PHOTO AND VIDEO RELEASE FORM

I, _____ hereby grant and authorize **RIOS HEALTH AND BEAUTY.** I grant the right to capture, modify, edit, reproduce, exhibit, publish, distribute, and utilize any photographs, videos, and/or audio recordings taken of me for lawful promotional purposes. These materials may include but are not limited to, newspapers, flyers, posters, brochures, advertisements, press kits, websites, social media platforms, and other forms of print and digital communication. I provide this authorization without expecting any payment or other forms of consideration.

This authorization remains in effect indefinitely and applies to all languages, media, formats, and markets, whether currently known or discovered in the future.

I willingly waive any rights to royalties or other compensation arising from or related to the use of these photographs or recordings.

I acknowledge and accept that the materials created through this agreement will be the property of **RIOS HEALTH AND BEAUTY** and will not be returned to me.

I hereby release and discharge **RIOS HEALTH AND BEAUTY.** from any liability, claims, or legal actions that may arise, including those made by myself, my heirs, representatives, executors, administrators, or any other individuals acting on my behalf or on behalf of my estate.

By signing below, I confirm that I have thoroughly read and comprehended the entirety of the release agreement stated above.

By signing below, I hereby acknowledge that I have completely read and fully understand the above release agreement

_____	_____	_____
Patient Name (Printed)	Patient (signature)	Date

RIOS HEALTH & BEAUTY
ENHANCING BEAUTY, NOURISHING HEALTH

DERMAL FILLER
CANCELATION POLICY

To ensure the provision of high-quality care within a reasonable timeframe, we have implemented an appointment and cancellation policy.

As appointments are in high demand, canceling your appointment in advance allows us to offer the time slot to another individual seeking timely care. This policy helps us optimize our appointment availability for all clients.

During the appointment booking process, you will be required to make a $50 deposit, which will be applied as a credit towards your scheduled treatments.

We understand that circumstances may arise requiring you to cancel or reschedule your appointment. To avoid any inconvenience, please notify us at least 72 hours before your scheduled appointment. In such cases, your deposit will either be refunded or applied towards a future appointment. However, if you provide less than 72 hours' notice, a cancellation fee will be charged.

Please note that if you arrive more than 15 minutes late for your appointment, it will be considered a no-show, and the cancellation fee will be applied.

We are more than happy to address any inquiries or concerns you may have regarding our cancellation policy.

I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by its terms. I agree to pay the cancellation fee in the event of a missed appointment.

_____	_____	_____
Patient Name (Printed)	Patient (signature)	Date

Pre and Post-Care Instructions for Dermal Filler

Pre-Treatment Considerations:

• Schedule your injection at a time when minor swelling or bruising will not disrupt your social obligations. Each time you are treated, outcomes may vary.

• To lessen the likelihood of bleeding or bruising, discontinue the use of blood thinning products for 10 days before treatment, if approved by your primary care provider. This includes aspirin, ibuprofen (Motrin or Advil), naproxen, Aleve, fish oil, St. John's Wort, flax, Vitamin E, Vitamin D, garlic, Ginkgo Biloba, ginseng, etc. Alcohol is also to be avoided 24 hours pre- or post-injectable treatment, as it is also a blood thinner. You can consider taking Arnica Montana natural supplement to help bruising (take 5 tablets three times per day starting one week before treatment).

• Please notify your provider if you have any history of cold sores, as we will consider pre-medicating with an antiviral prescription before injections. Cancel your appointment if you have any open sores in the treatment area. You must alert us of any medical conditions you may have and/or any prescribed medications you are taking before your treatment.

• Any injection introduces the risk of infection. For this reason, the following is taken into consideration when proceeding with injections. We will delay injectables if you:

- ☐ Have had any infection, cold, virus, or flu in the past 30 days.
- ☐ Have had any dental procedures in the past 30 days or are anticipating dental procedures or cleanings in the next 30 days.
- ☐ Have had a surgical procedure in the past 30 days or are anticipating a surgery or procedure.

- ☐ Have had any immunizations in the past 30 days or if you're anticipating immunizations.
- ☐ Have had any tattooing or permanent makeup within the past 30 days.
- ☐ Take any immunosuppressive/injectable medications (ex: Biologics such as Humira, Skyrizi, Stelara, Enbrel, Taltz, Cosentyx, and Tremfya).
- ☐ Additional contraindications: Pregnancy, breastfeeding, allergies to components of dermal fillers, open sores in areas to be treated.

Post-Treatment Instructions:

• Swelling, bruising, tenderness, numbness, and areas of firm nodules may occur.

• Cosmetic fillers are long lasting, but not permanent. Longevity depends on the areas treated and your body's metabolism.

• DO NOT APPLY ANYTHING TO THE SKIN UNTIL THE DAY AFTER TREATMENT: No cleanser, moisturizer, or makeup!

• DO NOT massage, touch, or manipulate the injection site. Avoid heavy exercise the day of your treatment.

• Ice packs may be used in the treated area during the first 12 hours. Ice for 15 minutes on every hour.

• Avoid dental work for 30 days after filler injections.

• Avoid sleeping on your side or stomach for 24 hours post-treatment to prevent dispersing the product. We recommend you sleep elevated on your back and use pillows to stabilize yourself.

• If experiencing swelling, sleep with your head elevated for 2-3 days to decrease swelling.

• You may take acetaminophen/Tylenol if you experience any mild tenderness or discomfort.

• Wait a minimum of four weeks (or as directed by your provider) before receiving any skincare or laser treatments.

• For most patients, the benefits of dermal fillers can be enhanced by using a medical-grade skincare system. Please contact your provider or a member of the staff for product recommendations.

• If you experience bruising, Arnica Montana natural supplement can be taken to help bruising resolve at a faster rate; take 5 tablets three times per day (this can be started 1 week before injections).

• If you experience any of the following symptoms, contact our office immediately:

dusky or white discoloration of injected areas, mottling or unusual bruising, severe or increasing pain, redness, increasing warmth or coolness to touch, severe swelling, itching, blisters, difficulty swallowing or smiling, fever, or chills. If you notice the onset of any of these symptoms, call our office immediately at 760-422-3471 to speak with a provider.