

Medical Record - Read Carefully

Name: _____ **Email :** _____
DOB: /..... / **ID Yes/No** **Phone:** _____
Address: _____ **Social Media Images: Yes/No**

Are you allergic to anything or any medication? **Yes/No** If yes - please state:
Are you breastfeeding, pregnant or undergoing IVF? **Yes/No** - please state:
Are you currently receiving treatment or do you have any medical problems/autoimmune conditions/skin conditions?
Yes/No If yes - please state:
Have you had the COVID Vaccine in the last two weeks, or do you to plan to have it in the next three? **Yes/No**
Do you bruise easily **Yes/No** Do you have a needle phobia **Yes/No**
Do you consent to the use of hyaluronidase (dissolving agent) in case of emergency? **Yes/No**
Please list any medications that you are currently taking:

Please **do not sign** this document or proceed with your treatment until you are fully satisfied with the information given to you. It is your right to decline treatment and question your technician further if you do not understand anything discussed on this form. **By signing this document you are agreeing to have read and fully understood this information and therefore indemnify and hold harmless the treating clinician from any liability, cost, damages and expenses arising from treatment. Once treatment has begun you will be liable to pay the full cost of the treatment - refunds are not available under any circumstances.**

Please provide all information regarding past cosmetic or aesthetic treatments. E.g. Laser, micro-dermabrasion, derma-roller, previous fillers etc. Please disclose any RELEVANT information about Medical, Surgical, Social, Psychiatric, Occupational Problems or Plans:

As with any treatment it comes with risks. It is your responsibility to familiarise yourself with these risks in order for you to make an informed decision.

Although good results are expected, it is possible that after treatment that the face may appear uneven as some areas may be greater affected by the product than others. It is also possible that the treatment does not last as long as expected. The results of your dermal filler treatment is dependant on several factors including but not limited too: genetics, metabolism, age, medical history and natural anatomy. It is because of this that there is no guarantee on the results that can be obtained through treatment. As with any treatment, dissatisfaction remains a real risk.

Other adverse reactions include but are not limited too: pain, itching, bruising, swelling, inflammation, infection, skin necrosis from vascular occlusion, numbness and scarring. Although unlikely, these may leave permanent damage.

By signing this document I agree to the above and accept the below information;

I consent to the use of anaesthesia if required.

I understand that photos will be taken and stored for 10 years and that these photos will not be used without my consent.

I understand that this treatment is not always necessary and for the most part is for purely cosmetic reasons.

I understand that dermal filler is charged per vials used and it is the responsibility of the patient to cover additional medical costs should complications occur.

I understand that under no circumstances do we offer full or partial refunds.

I understand that If I publish any negative results of my procedures on the internet via social media or other it may result in court proceedings.

In the event a complication arises I understand the clinic is not open 24 hours and it is my responsibility to seek medical help or return to the treating clinic yourself if possible. Please bare this in mind if travelling from afar.

I had been given the opportunity to take 'cool off' and I now feel in a position to make a sober, rational decision.

I understand that there is no long term studies for new procedures and that if a product is faulty or causes an adverse effect, that the treating practitioner is not responsible for this or any medical bills that may arise as a result.

I hereby indemnify and hold harmless, the treating therapist from liability, damages, cost and expenses arising from or out of the NPR Treatment.

I understand that in the unlikely event of an adverse reaction my first point of contact is my practitioner. We will always encourage our clients with concerns to come in and see us for a review first before seeking alternative advice. In the majority of cases we will be able to resolve your problems in house. We advise that you do not book in with another company or clinic (except your GP/Hospital) as this immediately invalidates our review procedure and your insurance policy. If you are concerned for your immediate health please go straight to your GP or A&E.

I hereby declare that the above information provided within this consent form is true and correct.

Signed By Patient: _____

Date: _____

PRODUCT STICKERS

Previous Treatment History and Dates:

Patient Concerns:

Physical Assessment & before and after photos:

(asymmetries/imbbalances/ratio/existing lumps or concerning issues)

Treatment Plan/Justification:

Consent Obtained : **Yes / No**

Topical Anaesthetic used : **Yes / No**

A Septic Method Followed : **Yes / No**

Cleansed patient using alcohol or chlorhexidine : **Yes / No**

Aftercare advise sheet given and explained verbally **Yes / No**

Treatment Plan:

Discharge Comments / Check List:

Any complications during treatment

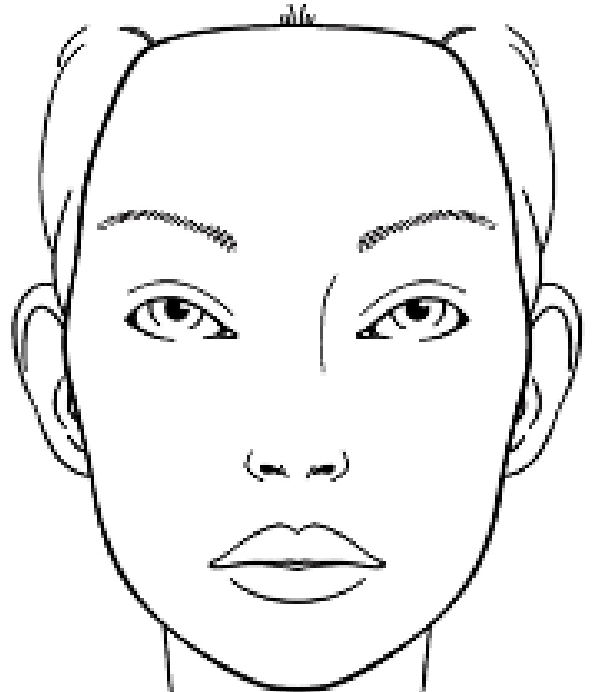
Yes / No If yes - please document:

Client Satisfaction: **Yes / No**

Complied with costs : **Yes / No**

Cannula / Needle / Both

Additional Discharge Comments:



Please sign here to confirm you have received treatment and are happy with the results. I hereby declare that the above information is true and correct.

Signed By Patient

Date:

Signed by Practitioner

Lot/Batch Num

Initial Aftercare;

- Avoid touching the treated area or applying with products including moisturisers, face-wash within 24 hours following treatment. Please make use of the handy antiseptic wipes we gave you if you by accident touch the treated area/s.
- Until the initial swelling and redness has resolved please do not expose the area to intense heat. Eg sunbeds, sunbathing, please use sun protection post treatment if you cannot avoid being in the sun. Also avoid any extreme cold temperatures.
- Please do not participate in strenuous exercise for 48 hours after your procedure as it can cause migration of filler due to increased blood flow and excess bruising/ swelling.
- If you have previously suffered facial herpes, there is a risk that injections could contribute to another eruption, please do not have fillers when you have a cold sore.
- Avoid excessive alcohol and the use of aspirin or ibuprofen for 24 hours following treatment please be aware that the above may increase the risk of bruising or bleeding at the injection site as they are blood thinners.
- We get a lot of clients ask if they can kiss after treatment - of course but we would advise not to kiss in order to prevent infection/ contaminating the injection site until healed (24 hours)
- You may eat and drink as normal, however please be aware that the lidocaine will have effect for two hours after injection and therefore you will be numb take care with hot foods.
- The use of topical arnica cream or tablets may help manage bruising
- Avoid any facials, micro-dermabrasion, chemical peels, laser and sun beds for at least 14 days
- Changes of air pressure in aeroplanes may increase swelling therefore avoid flying for 48 hours after treatment.

Any injection causes an inflammatory response – This means two things;

1) This is not your final result - It is not uncommon for the treatment area to remain swollen for up to two weeks. During this time the area may look very uneven, feel lumpy/ bumpy, bruised and may feel sore, if you are uncomfortable please do not take ibuprofen, as this is a blood thinner and will worsen swelling. Paracetamol would be appropriate (if you feel it is necessary) Please do not panic. It is normal during this period to not be entirely happy with your results. Patience here is key. The final result will be apparent approximately 14 days after treatment. If you have any minor concerns, please book in for a review after this two-week period is up. You can do this yourself atAny initial discomfort during this period can be eased by application of ice.

2) This is not your final result - Any injection causes an inflammatory response. This can easily cause disappointment over the following weeks because as the swelling subsides, the treatment area may look significantly less plump than it looked immediately after injection. The filler has not dissolved nor disappeared, you have not wasted your money. The filler has simply sunken and formed a layer at the base of your treatment area. Many clients find they need two or three sessions to achieve your desired outcome and in order to layer filler on top of one another – until the filler no longer has room to sink – leaving you with a fuller/ more contoured finished look. Clients usually swell more for the first to third treatment, clients can mistaken this for filler and in fact it is swelling which usually subsides after two weeks. Unfortunately, we cannot predict how many sessions each individual will need to achieve their desired result and therefore cannot be held accountable if several sessions are needed. The results of your treatment durability are influenced by several genetic and lifestyle factors completely out of our control. It is dissolved by your metabolism and therefore everyone dissolves filler at a different rate and not one is the same. Aesthetics is an art process - not an exact science.

ADVERSE REACTIONS

In the unlikely event of an adverse reaction your first point of contact is ourselves.

Please contact us immediately if you:

Have severe or increasing pain, whitening/blanching of injected areas or discoloured blotches in non injected areas, have fever and/or chills, notice the area gets increasingly red / tingly hot to touch over time. If you feel concerned at all. We are contactable via the below email and will always encourage our clients with concerns to come in and see us for a review first before seeking alternative advice. In the majority of cases we will be able to resolve your problems in house. We advise that you do not book in with another company or clinic (except your GP/Hospital) as this immediately invalidates our review procedure and your insurance policy. If you are concerned for your immediate health please go straight to your GP or A&E.

PLEASE REMEMBER WE ARE ALWAYS HERE TO HELP. IF YOU HAVE ANY CONCERNS OR QUESTIONS NO MATTER HOW BIG OR SMALL, PLEASE CONTACT US IMMEDIATELY;