

# Aesthetic Consultation

<b>Practitioner Name:</b>						
<b>Date:</b>						
<b>Client Name:</b>						
<b>Treatment:</b>						
<b>Address:</b>						
<b>Client Occupation</b>						
<b>Mobile</b>						
<b>Client email address:</b>	<i>If you are happy for us to contact you, please sign in this box</i>					
<b>Client details:</b>						
<b>Age group:</b>	18-30	30-40	40-50	50-60	60-70	70
<b>Clients GP name and address</b>						
<b>Discuss to establish the individual's objectives, concerns, expectations and desired outcomes</b>	<p>Objectives</p> <p>Concerns</p> <p>Expectations</p>					
<b>Clients lifestyle:</b>						
<b>Smoke/Vape?</b> (If yes state how many?)	Yes	No				
<b>Water intake?</b>						
<b>Holidays / Recent UV exposure</b>	With the last 1-2 days	Within 2-7 days	Within 7-30 days	30+ days ago		

**Contra-indications – (Select if/where appropriate) Add additional detail of condition in comments**

Are you trying to conceive? <input type="checkbox"/>	Are you pregnant? <input type="checkbox"/>	Are you lactating? <input type="checkbox"/>
Are you on HRT / Contraception? <input type="checkbox"/>	Are you using/applying prescribed medication? <input type="checkbox"/>	Are you using steroidal medication (topical)? <input type="checkbox"/>
Are you using Retinoic Acid/Retin A /Ro-Accutane? <input type="checkbox"/>	Are you on any blood thinning medication? <input type="checkbox"/>	Are you currently taking antibiotics? <input type="checkbox"/>
Are you using a photosensitising medication? <input type="checkbox"/>	Are you taking St John's Wort? <input type="checkbox"/>	Have you had recent radiation treatment? <input type="checkbox"/>
Do you have any burns? <input type="checkbox"/>	Do you have immunosuppression? <input type="checkbox"/>	Have you had recent operations on the area you want treating? <input type="checkbox"/>
Do you suffer from active infections either bacterial, fungal, herpetic, viral? <input type="checkbox"/>	Do you suffer from psoriasis? <input type="checkbox"/>	Have you suffered from skin cancer/ basal cell carcinoma/squamous cell carcinoma/ melanoma? <input type="checkbox"/>
Do you have currently active inflammatory dermatoses? <input type="checkbox"/>	Do you suffer from Atopic dermatitis? <input type="checkbox"/>	Do you suffer from any blood disorders (HIV, Hepatitis)? <input type="checkbox"/>
Do you suffer from keloid scarring? <input type="checkbox"/>	Do you suffer from hypertrophic scarring? <input type="checkbox"/>	Do you have any open wound(s)/bruising/ recent scar tissue? <input type="checkbox"/>
Do you have Epilepsy? <input type="checkbox"/>	Have you had the sun on the affected area within the last 2 weeks? <input type="checkbox"/>	Do you have sunburn? <input type="checkbox"/>
Have you used fake tan within last 14 days? <input type="checkbox"/>	Do you have diabetes? <input type="checkbox"/>	Do you have kidney disease? <input type="checkbox"/>
Do you suffer from any auto immune disorders? <input type="checkbox"/>	Do you have any tattoos or moles in the treatment area? <input type="checkbox"/>	Do you suffer from medical oedema? <input type="checkbox"/>

Do you suffer from impaired healing? <input type="checkbox"/>	Do you suffer from nervous/psychotic/anxiety conditions? <input type="checkbox"/>	Do you suffer from Asthma? <input type="checkbox"/>
Do you have excessive/deep skin folds? <input type="checkbox"/>	Do you have any allergies to salicylic acid? <input type="checkbox"/>	Are you gluten intolerant? <input type="checkbox"/>
Are you lactose intolerant? <input type="checkbox"/>	Do you have any known allergies? <input type="checkbox"/>	Have you had Covid? <input type="checkbox"/>
Comments:		

<b>Botulinum Toxin Treatment Areas to be covered</b>	
<b>Upper Face</b>	Frontalis <input type="checkbox"/> Orbicularis Oculi <input type="checkbox"/> Corrugator Supercilli <input type="checkbox"/> Procerus <input type="checkbox"/>
<b>Lower Face and Neck</b>	Masseter <input type="checkbox"/> Mentalis <input type="checkbox"/> Platysma <input type="checkbox"/> Nasalis <input type="checkbox"/> Levator Labii Superioris <input type="checkbox"/> Orbicularis Oris <input type="checkbox"/> Depressor Anguli Oris <input type="checkbox"/>
<b>Skin Rejuvenation (mesotox)</b>	
<b>Dermal Filler Treatment Areas to be covered</b>	
<b>Mid Face</b>	Nasolabial Lines <input type="checkbox"/> Zygomatic <input type="checkbox"/> Cheek Augmentation <input type="checkbox"/>
<b>Lower Face and Neck</b>	Marionette Lines <input type="checkbox"/> Peri oral lines <input type="checkbox"/> Lip line <input type="checkbox"/> Lip Volumisation <input type="checkbox"/>
Comments:	

### Confirmation of Skin classification and healing capacity

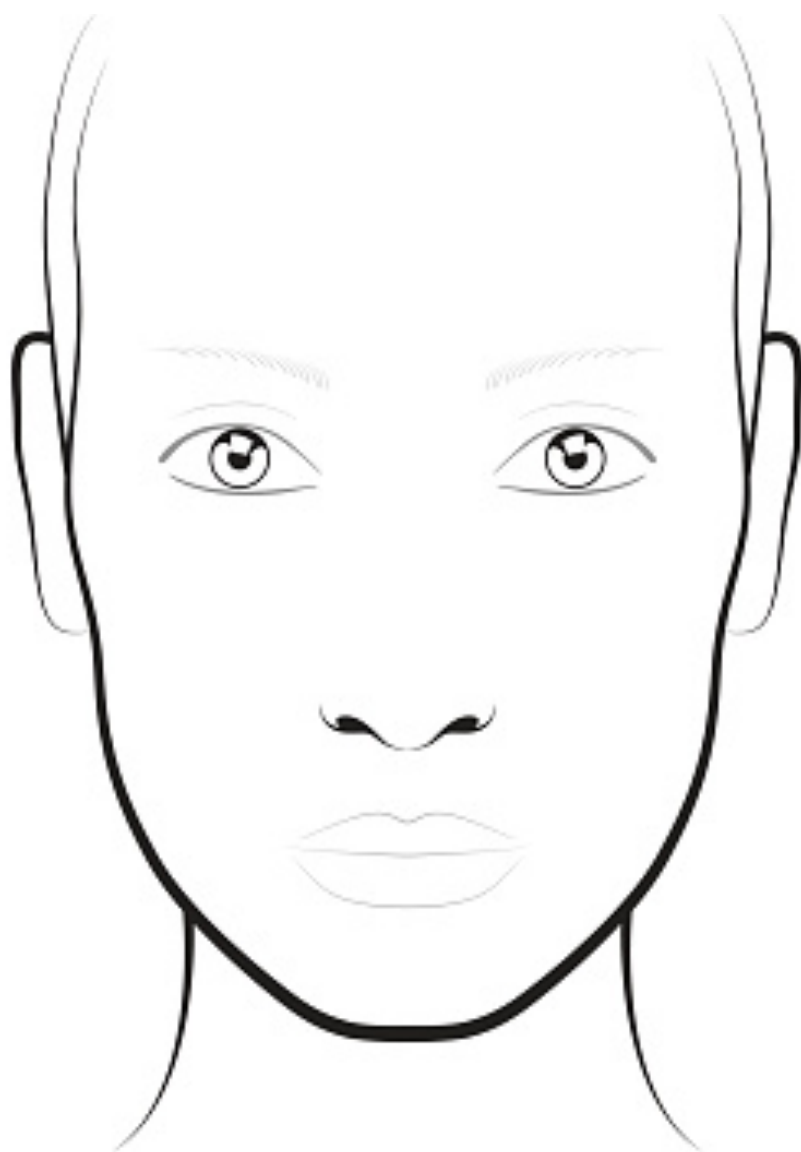
<b>Skin assessment:</b>			
<b>Skin healing capacity:</b>	Brown pigmentation <input type="checkbox"/>	Pink/fades to white <input type="checkbox"/>	Prone to infection <input type="checkbox"/>
<b>Epidermal thickness:</b>	Thin <input type="checkbox"/>	Medium <input type="checkbox"/>	Thick <input type="checkbox"/>
<b>Procedure to include:</b>	Botulinum Toxin <input type="checkbox"/>	Dermal Fillers <input type="checkbox"/>	Other
<i>Comments:</i>			

### Procedure

<b>Procedure details for Botulinum toxin</b>					
<b>Prescriber:</b>					
<b>Product name:</b>		<b>Batch number:</b>		<b>Expiry Date:</b>	
<b>Reconstitution</b>					
<b>Areas treated</b>					<b>units</b>
					<b>units</b>
					<b>units</b>
					<b>units</b>

Procedure details for Dermal Filler					
Product name:		Batch number:		Expiry Date:	
Areas treated					ml
					ml
					ml
					ml
Treatment method:	Cannula		Needle		
Treatment technique:	Threading <input type="checkbox"/> Depot <input type="checkbox"/> Fanning <input type="checkbox"/> Bolus <input type="checkbox"/> Cross hatching <input type="checkbox"/>				

## Face Mapping



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please answer yes or no to the statements below:

Question	Yes	No		
I have provided accurate medical information and consultation details to my advanced aesthetic practitioner.				
I agree to follow the procedure protocol advised by my advanced aesthetic practitioner				
I agree to notify my advanced aesthetic practitioner of any concerns.				
<p>I understand that the following reactions /contra-actions may occur:</p> <table border="0"> <tr> <td> <b>Dermal Fillers</b> <ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Bruising</li> <li>• Swelling</li> <li>• Erythema</li> <li>• Needle marks</li> <li>• Acne-like skin eruptions</li> <li>• Skin lumpiness</li> <li>• Visible tissue material (fillers)</li> <li>• Asymmetry</li> <li>• Pain and discomfort</li> <li>• Skin sensitivity</li> <li>• Damage to nerves and blood vessels</li> <li>• Necrosis</li> <li>• Allergic reactions and hypersensitivity</li> <li>• Scarring</li> <li>• Granulomas / abscesses</li> <li>• Migration of the dermal filler</li> </ul> </td> <td> <b>Botulinum Toxin</b> <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Rash</li> <li>• Localised numbness</li> <li>• Pain at injection site</li> <li>• Headaches/migraines</li> <li>• Infections</li> <li>• Respiratory problems</li> <li>• Allergic reactions</li> <li>• Infection</li> <li>• Slightly swollen pinkish bumps at the site of the injection</li> <li>• Local and adjacent muscle weakness</li> <li>• Impaired / double vision</li> <li>• Corneal ulceration</li> <li>• Eye droop</li> <li>• Asymmetry</li> </ul> </td> </tr> </table>	<b>Dermal Fillers</b> <ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Bruising</li> <li>• Swelling</li> <li>• Erythema</li> <li>• Needle marks</li> <li>• Acne-like skin eruptions</li> <li>• Skin lumpiness</li> <li>• Visible tissue material (fillers)</li> <li>• Asymmetry</li> <li>• Pain and discomfort</li> <li>• Skin sensitivity</li> <li>• Damage to nerves and blood vessels</li> <li>• Necrosis</li> <li>• Allergic reactions and hypersensitivity</li> <li>• Scarring</li> <li>• Granulomas / abscesses</li> <li>• Migration of the dermal filler</li> </ul>	<b>Botulinum Toxin</b> <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Rash</li> <li>• Localised numbness</li> <li>• Pain at injection site</li> <li>• Headaches/migraines</li> <li>• Infections</li> <li>• Respiratory problems</li> <li>• Allergic reactions</li> <li>• Infection</li> <li>• Slightly swollen pinkish bumps at the site of the injection</li> <li>• Local and adjacent muscle weakness</li> <li>• Impaired / double vision</li> <li>• Corneal ulceration</li> <li>• Eye droop</li> <li>• Asymmetry</li> </ul>		
<b>Dermal Fillers</b> <ul style="list-style-type: none"> <li>• Bleeding</li> <li>• Bruising</li> <li>• Swelling</li> <li>• Erythema</li> <li>• Needle marks</li> <li>• Acne-like skin eruptions</li> <li>• Skin lumpiness</li> <li>• Visible tissue material (fillers)</li> <li>• Asymmetry</li> <li>• Pain and discomfort</li> <li>• Skin sensitivity</li> <li>• Damage to nerves and blood vessels</li> <li>• Necrosis</li> <li>• Allergic reactions and hypersensitivity</li> <li>• Scarring</li> <li>• Granulomas / abscesses</li> <li>• Migration of the dermal filler</li> </ul>	<b>Botulinum Toxin</b> <ul style="list-style-type: none"> <li>• Swelling</li> <li>• Rash</li> <li>• Localised numbness</li> <li>• Pain at injection site</li> <li>• Headaches/migraines</li> <li>• Infections</li> <li>• Respiratory problems</li> <li>• Allergic reactions</li> <li>• Infection</li> <li>• Slightly swollen pinkish bumps at the site of the injection</li> <li>• Local and adjacent muscle weakness</li> <li>• Impaired / double vision</li> <li>• Corneal ulceration</li> <li>• Eye droop</li> <li>• Asymmetry</li> </ul>			
I understand that procedure results are varied and not guaranteed.				
I have discussed my expectations and goals with my advanced aesthetic practitioner.				
I have discussed the procedure limitations and possible complications with my advanced aesthetic practitioners.				
I acknowledge the possibility of an adverse reaction to procedure and take sole responsibility for any medical care that may become necessary. I agree to immediately contact the advanced aesthetic practitioner performing the procedure of any adverse effects.				
My advanced aesthetic practitioner has provided the procedure information and answered all of the questions I have concerning this procedure.				
I fully understand all of the above information.				
<b>Client Name</b>				
<b>Client signature</b>				
<b>Advanced Aesthetic Practitioner name</b>				
<b>Advanced Aesthetic Practitioner signature</b>				
<b>Date</b>				

## Pre-procedure consent and procedure information

The procedure(s) has / have been explained to me. I have read and understand the information shared with me. All of my questions have been answered clearly. I have been given a minimum of 14 days prior to the procedure to consider the information given and make an informed choice to give consent to this procedure going ahead including the potential side effects. I am aware that full correction is important and follow up enhancement treatments will be needed to maintain the effects. I am aware that the duration of the treatments effects is dependent on a number of features including my age, general health, gender, skin and tissue conditions, lifestyle, and sun exposure.

There have been no changes to my health since my initial consultation. I agree to follow all aftercare instructions given to aid healing.

I, \_\_\_\_\_, consent to the planned botulinum toxin/dermal filler (delete as appropriate) procedure taking place.

Client Signature	
Date	

Photographs of your skin are taken before, during and after procedure to monitor and document progress.

I hereby authorise \_\_\_\_\_ to take photographs of me before, during and after my procedure series.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Post Treatment Report

Procedure Comments:			
Skin reaction to procedure:			
Post-procedure photograph taken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Homecare Advise			



## **Post-procedure instructions**

In order to achieve the best results possible it is important that you read and understand the following instructions. Your advanced aesthetic practitioner will discuss the required post-procedure protocols with you following the procedure; these instructions must be adhered to as advised by your advanced aesthetic practitioner.

### **Botulinum Toxin**

1. Your advanced aesthetic practitioner will advise you of the expected procedure recovery time and skin response.
2. Avoid touching the area treated for 3-4 hours. After this time when you wash the area gently and carefully pat dry with a soft towel. Do not rub the treated area for 48 hours.
3. Avoid excessive bending and try to remain upright for 4 hours.
4. Avoid laying /sleeping on your face for the first night
5. Exercise treated muscles by tensing and then relaxing them for the first hour after the procedure.
6. When applying products to the skin including make-up, use dabbing motions for 48 hours after treatment
7. Allow 2 to 14 days for the botulinum toxin to become effective (dependent on muscle strength and individual response).
8. Do not have any facial treatments for 7 days.
9. Do not fly within the first 24 hours.
10. Return for a follow-up review appointment in 2-3 weeks.
11. This is a temporary treatment, to maintain the results the treatment should be conducted every 3-4 months
12. Your advanced aesthetic practitioner will advise you of ongoing procedure recommendations and suitable treatments which may be used in conjunction with botulinum toxin.

### **Mesotox**

1. Do not wash your face or apply any skincare products for 12 hours
2. Do not apply Retinals, Acids or Exfoliants for 3-5 days post treatment.
3. Do not apply makeup for 24 hours.
4. Once 24 hours has passed and you wish to wear makeup, please ensure your brushes are clean and sanitised
5. Avoid exercise/sweating for 24 hours
6. Avoid swimming, sauna's and spa environments for 3-5 days
7. Sleep on a clean pillowcase at night. Preferably Silk / Satin (Like this).
8. Do not peel or pick at your skin if it does begin to flake. You must allow the skin to flake off naturally. Picking at the peeling skin can cause hyperpigmentation.
9. Golden Rule: Make sure that you are also avoiding direct sun exposure. Especially tanning beds.  
(Preferably forever! But if you must, please wait 14 days)
10. Make sure to keep your skin well hydrated with a protective moisturiser. Apply it twice daily or more often if needed to reduce the appearance of flaking.
11. Drink LOTS of water!
13. Do not have any other treatments for 14 days following your treatment.

### **Dermal Filler**

1. Apply a cool compress to the area treated for 10 minutes every half an hour on the day of the procedure
2. Avoid strenuous exercise, heat treatments, hot baths and showers for 24 hours
3. Avoid laying /sleeping on your face for the 48 hours
4. Avoid Alcohol for a minimum of 24 hours, for optimal results avoid alcohol for 7 days pre and post procedure
5. Avoid active products that contain AHAs, retinols and Vitamin C based and oil based make-up for 24 hours
6. Use a topical treatment to soothe and calm the skin, three times a day for 7 days
7. Avoid chemical peels, microneedling, facial treatments waxing, laser and IPL treatments for two weeks after the procedure.
8. Do not massage the area unless instructed by your practitioner
9. Your advanced aesthetic practitioner will advise you of ongoing procedure recommendations and suitable treatments which may be used in conjunction with dermal fillers.

### **Additional information:**

I accept the results of the procedure performed today and I understand and agree to adhere to the above instructions.  
I agree to contact my advanced aesthetic practitioner with any additional questions I may have.

<b>Client Name</b>	
<b>Client signature</b>	
<b>Advanced aesthetic practitioner name</b>	
<b>Advanced aesthetic practitioner signature</b>	
<b>Date</b>	