



PERSONAL DETAILS		
Full Name	Date	
Occupation	Home Telephone number	
Date of Birth	Email	
Mobile	General Practitioner's (GP) Details	
Address		Dr Name:
Town/City		Address:
Eircode		Contact Number:

How did you hear about us?

Have you read our pre-treatment information pack that we have sent via email?

YES NO

For further discounts, do you want to join our loyalty scheme?

YES NO

If so, how would you like to be contacted?

TEXT EMAIL BOTH

PLEASE NOTE: We do not pass your confidential information onto any third parties.

MEDICAL HISTORY

<u>Are you currently receiving medical treatment?</u>	YES	NO
Details:		

MEDICAL CONDITIONS Please TICK any of the following that applies to you.

Photo-Sensitive Epilepsy		Thrombosis/Phlebitis (blood clots)	
Photo-Sensitive Migraines		Low Blood Pressure	
Cancer or History of Cancer		Are you prone to fainting spells	
Auto Immune Disease		Hyper-Sensitive Skin	
HIV+Blood		Vitiligo	
Any type of Hepatitis		Chloasma/Melasma	
Heart/Cardiac Disorders		Varying Skin Pigmentation	
Pacemaker/Internal Metal Pins		Skin Infections	
Thyroid Therapy		Skin Conditions e.g. psoriasis, eczema	
Kidney Disease		Skin Allergies:	
Asthma		E.g. to rubber gloves	
Depression/Anxiety		to Aloe Vera	
Lupus		to Tea Tree	
Diabetes		Other allergies	
Shingles (within the last 6 months)		Moles on Treatment Area	
Keloid Scarring		Herpes Simplex/Cold Sores	
Recent Surgery		Deep Fillings/Crowns	
Poor Wound Healing		Others	

FILLER CONSENT RECORD



MEDICINES & SUPPLEMENTS

Roaccutane

Antibiotics
Have you recently taken Antibiotics?
YES NO

St John's Wort
Iron Supplements

Gold Injections
Cancer Treatment/Medication

Steroids
Have you recently taken Steroids?
YES NO

Hormone Therapy
Depressants
Mood Stabilizers
Anti-Depressants
Other

LIFESTYLE

Smoker

Alcohol Consumption
(within the last 24 hours)

Recent Sun/ UV Exposure
Botox/Fillers
(within the last 4 weeks)

WOMEN ONLY

Pregnant
Breastfeeding
Hormone Replacement Therapy

Contraceptive Pill
Irregular Menstrual Cycle

N/A

Polycystic Ovarian Syndrome
Endometriosis
Hormone Imbalance
Hirsutism
Hypertrichosis

PRECAUTIONS

	Yes	No
Is there any possibility that you are pregnant?		
Are you breast feeding?		
Have you recently been treated with any other dermal filler on your face?		
If yes, where?		
Do you have any permanent implant(s) at the site(s) to be treated?		
Have you undergone laser skin resurfacing or received a skin peel in the past six weeks?		
Do you suffer from facial herpes simplex or have any active skin conditions, e.g. acne or psoriasis?		
Do you have or have you ever had any form of skin cancer?		
What are your expectations of the outcome of the treatment?		

FILLER CONSENT RECORD



CONSIDERATIONS	Yes	No
Have you previously experienced hypersensitivity to any of filler products?		
Have you ever experienced any hypersensitivity to lidocaine (a local anaesthetic)?		
Have you received Roaccutane treatment in the past 12 months?		
Do you suffer from any known allergies?		
If yes, please specify:		
Do you have a history of anaphylactic shock (severe allergic reactions)?		
Are you taking aspirin, steroids, or anticoagulants?		
If yes, please specify:		
Are you currently taking any other medication?		
If yes, please specify:		
Do you suffer from any illnesses, e.g. angina, epilepsy, diabetes, HIV positive, hepatitis, auto immune disease (e.g. rheumatoid arthritis), depression, stress?		
If yes, please specify:		
Have you recently undergone major surgery?		
If yes, please specify:		
Are you currently undergoing dental surgery?		
Do you suffer from fainting or low blood pressure?		
Do you suffer from keloid or hypertrophic scarring?		
Do you have a needle phobia?		
Are you prone to bruising?		
Have you recently been exposed to the sun or sun beds?		

I confirm I have been informed that:

Treatment is not recommended if you are pregnant or breastfeeding.

After treatment with Filler for glabellar lines you should start to see an improvement within 2 to 3 days. However, the full effect can take up to 30 days. The benefits of treatment usually lasts between 4 and 6

FILLER CONSENT RECORD



months, but can vary depending on your individual response. For lateral canthal lines, the benefit of treatment usually last between 3 to 4 months.

The most common side effects of Filler in the glabellar lines are headache and injection site reactions (e.g. redness, swelling, irritation, rash, itching, numbness, pain, discomfort, stinging, brushing and bleeding) and for lateral canthal lines; headache, injection site reactions and eyelid oedema. Normally these reactions are mild to moderate, reversible and occur in the first week after treatment. There is also a small possibility of slight drooping of the eyelid or visual problems.

Filler may cause temporary blurred vision or muscle weakness. If affected, you should not drive or use machinery.

Filler contains a very small amount of albumin, which comes from human blood. It is very unlikely that this could pass on an infection, but it cannot be entirely ruled out.

I have been fully informed about the risks and benefits of treatment with Filler.

The practitioner has provided me with sufficient information about the treatment in order to make an informed decision.

I have been given the opportunity to ask all remaining questions I may have about the treatment, and I am happy with the answers provided.

I have been given the time to consider the treatment and have been informed of alternative treatment options, which includes no treatment.

**Patient's
Signature:**

Date: