

Aesthetics Questionnaire
Dermal Filler Information and Consent Form

DIVA

Name:

Address:

Tel:

D.O.B:

Email:

Dermal fillers are a clear hyaluronic acid gel that is injected into facial tissues to smooth wrinkles and folds. Hyaluronic acid is a naturally occurring substance found in the body that delivers nutrients, hydrates the skin, acts as a cushioning agent, and provides scaffolding to lift any folds. Dermal fillers may also be used to treat facial atrophy (loss of fat), for facial sculpting, and skin enhancement. Dermal filler injectable gels temporarily add volume to facial tissue and restores a smoother appearance to the face.

How long do Dermal Fillers last?

You should see an immediate improvement in the treated areas on the day. Depending on the area treated results may last 6 months or more. Some of our products may last up to 18 months.

What are the possible side effects?

Most side effects are mild or moderate and usually last less than 7 days. Persistence of these symptoms for up to two weeks is usually nothing to worry about. The most common side effects include temporary injection site reactions such as redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching, and discoloration. Other rare risks include, but are not limited to :

- Overcorrection / under correction & facial asymmetry
- Unpredictable persistence of filler, either shorter or longer than expected.
- Prolonged discolouration of the skin
- Prolonged or severe swelling
- Reactivation of coldsores
- Infection
- Scarring
- Ulceration
- Granulomas or firm nodules
- Allergic or anaphylactic reaction

A remote and extremely rare risk is that of filler injection into a blood vessel, leading to blockage of the vessel. This could result in reduced blood flow to an area of tissue, leading to tissue damage and tissue death (necrosis), which could be seen as skin breakdown, ulceration and scar formation. Blood vessel blockage near the eye can result in blindness.

Patient Signature:

Date:

Is there anyone that cannot be treated?

Dermal Fillers should not be used in patients who have severe allergies marked by a history of anaphylaxis, a history of severe allergies, or patients with a history of a compromised immune system. The Aesthetics Practitioner will ask you about your medical history to determine if you are an appropriate candidate for treatment.

So what should I expect with Dermal filler treatments?

The Aesthetic Practitioner will go over a list of pre and post treatment procedures with you. If you are taking aspirin or ibuprofen you may experience increased bruising or bleeding at the injection site. Dermal fillers should be used with caution in patients on immunosuppressive therapy as there may be an increased risk of infection, swelling and adverse events.

The safety of dermal fillers has not been established in breastfeeding females, during pregnancy, or in patients under the age of 18.

What are post treatment procedures?

For the first 24 hours following treatment, you should avoid strenuous exercise, excessive sun or heat, and consumption of alcoholic beverages.

This minimizes the risk of temporary redness, swelling, and/or itching at the treatment sites. These temporary side effects generally resolve themselves within one week. An ice pack can be applied to the site if you experience swelling. You may apply make-up as usual after 24 hours.

By signing below, I acknowledge that I have fully read the information and consent form and that I have discussed the risks and benefits of dermal fillers with my physician. I understand the information provided and I consent to dermal filler cosmetic treatment. Photographs taken shall be part of the medical record and used for documentation of response to treatment. With explicit permission these photographs may also be used for teaching or educational purposes or for patient information.

I hereby confirm that I understand the above and am happy to continue with treatment. I consent to pre and post treatment photography for medical record purposes.

Please tick if you DO NOT consent to your photographs being used for teaching and marketing purposes.

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Part 2: Medical History: To be completed by client/model. Please answer all the below questions, please cross out as appropriate:

PLEASE MARK AS APPROPRIATE	YES	NO	
Are you currently in good health?			
Are you currently under a specialist doctor's care?			
If so, for what reason?			
Do you take/use ANY medication, herbal/ natural supplements or topical creams on a regular basis?			
Please list:			
Have you had any cold sore breakouts (oral herpes) in the past year?			
Do you have a history of Keloid Scarring?			
Do you suffer with Acne, or have you taken medication for Acne in the past 6months?			
Do you have ANY current or chronic medical illness, including: Myasthenia Gravis, Amyotrophic Lateral Sclerosis or any other Neuromuscular disorders?			
Do you have an autoimmune disease?			
If so please list:			
Do you suffer from heart problems or take blood thinning drugs?			
Have you ever had eyelid or facial surgery?			
If so, when and in which area(s)?			
Have you previously received ANTI WRINKLE injections / DERMAL FILLER injections?			
When:	Area treated:		
Any previous adverse reactions:			
For Women - Are you, or could you be pregnant?			
Are you breast feeding?			

Name:

Signature:

Date:

Part 3: Aesthetic Practitioners Record (To be completed by practitioner)

L.A. & Prep used		Total Volume Used (ml)	
Dermal Filler Product		Any other notes	
Expiry		Name Printed	
Batch No		Signature	