

Initial Consultation Notes

Name of Patient Date

Address

Date of Birth

Telephone Number Mobile Telephone Number Email

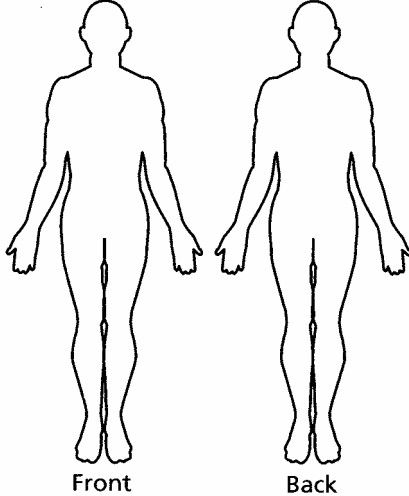
How did you hear about Dermis Deep?

GP Name & Address

Current Condition requiring treatment:

Face:

Other Areas:



Consultation Notes

Past Cosmetic Tx

Patient Expectations

Skin Type (e.g. oily, dry, sensitive, acne, sun-damaged)..... Fitzpatrick =

Current Skin Regime

Name of Patient

Date

Past Medical History

Please answer all the following questions:

1. Are you currently receiving treatment from a specialist? (Y/N) (If yes, please give details)

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2. Have you suffered from any of the following? (If yes, please provide full details below)

	Yes	No
Cardiac or Cardiovascular Disorders (e.g. Angina, MI, H/T, etc)		
Respiratory Disorders (e.g. Asthma, COPD)		
Gastrointestinal Disorders (e.g. Inflammatory Bowel Disease, etc)		
Liver Disease or Disorders		
Neurological Disorders (e.g. Epilepsy)		
Musculoskeletal Disorders (e.g. Rheumatoid or Osteoarthritis)		
Malignancies (e.g. skin cancer, etc)		
Any illness or medical condition not specified above		

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3. What operations or invasive procedures have you had in the past?

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4. Are you presently taking any medication or undergoing any treatment? (Y/N) (If yes, please give details)

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5. Do you have any drug allergies? (Y/N) (If yes, please give details)

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6. Will there be anybody at home with you later on who could call for help should you feel unwell? (Y/N)

BOTULINUM TOXIN TREATMENT NOTES



Name of Patient _____ Date _____

Practitioner =

DO NOT GIVE TREATMENT IF PATIENT ANSWERS YES TO ANY OF THE FOLLOWING:

BOTULINUM TOXIN	Yes	No
1. Pregnancy or Breastfeeding		
2. Neuromuscular Disorders (eg Myasthenia Gravis or Eaton Lambert Syndrome)		
3. Co-administration with aminoglycoside antibiotics (eg gentamicin, neomycin, amikacin, netilmycin, streptomycin, tobramycin), lincosamide antibiotics (eg clindamycin), polymyxin antibiotics, neuromuscular blocking agents (eg succinylcholine, vecuronium), calcium channel blockers (eg diltiazem), cholinesterase inhibitors (eg tacrine), magnesium sulphate, quinidine		
4. Bleeding disorders or Anticoagulant therapy		
5. History of allergy, intolerance or anaphylaxis to previous botox administration		
6. Local infection (eg active acne, herpes) at potential injection sites		
7. Unrealistic expectations, excessively anxious, lack of co-operation (eg, needle phobia)		

Details of previous Botulinum Toxin administration:

Consent Form Signed (Y/N)


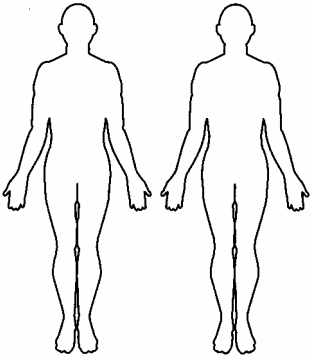
Preop Frontal/Side/Oblique Photos Taken (Y/N)

Name of Patient

Date

Details of Botulinum Toxin Administered

Anaesthesia =

	Area - Please specify	Product Type	Amount (ml or units)	Lot Number
				
 <p>Front Back</p>				

Post treatment Checklist handed over (Y/N)

Date given for 2wk follow-up:

Invoice filled in (Y/N)


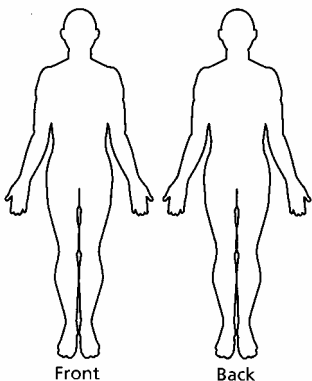
2 WK FOLLOW UP APPOINTMENT

Name of Patient _____ Date _____

Seen by (Name of Practitioner)

Patient Feedback

Details of any top-up required:

	Area – Please specify	Product Type	Amount (ml or units)	Lot Number
				
 <p style="text-align: center;">Front Back</p>				

Postop Frontal/Side/Oblique Photos Taken (Y/N)

Next recommended appointment (approx 3mths for Botulinum Toxin)

Name of Patient

Date

Consent Form for Botulinum Toxin-Treatment (Facial)

Proposed treatment

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I confirm that I have received information regarding the product's contra-indications and potential side effects:

Contraindications: You cannot receive Botulinum Toxin if you are in the following categories :

1. Pregnant or Breast Feeding
2. Neuromuscular disorders/Myasthenia Gravis/Eaton Lambert Syndrome
3. Blood Coagulation Disorders or taking anticoagulants.
4. Currently taking antibiotics (aminoglycosides, lincosamides, polymyxins) or Muscle relaxants
5. Local Infection at injection site
6. Previous intolerance, allergy or anaphylactic reaction to Botulinum Toxin
7. Unrealistic expectations

Potential Side Effects

1. Bruising, swelling, redness, pain/stinging, infection at injection site
2. Skin tightness, nausea or headache, possible flu-like symptoms
3. Brief visual disturbances, double vision, dry eyes, tearing, sensitivity to light
4. Occasional skin numbness or local muscle weakness
5. Drooping of the Eyebrow or upper Eyelid
6. Brow Asymmetry
7. Allergic reactions & very rarely anaphylactic reactions
8. Possible top-up, period of time to take effect, limited duration of results

All foreseeable risks of Botulinum toxin therapy listed above have been thoroughly explained to me. My questions regarding the treatment procedure, its potential side effects and contraindications were answered to my full satisfaction. I understand that the effects of Botulinum Toxin lasts for an average of 3-4 months but will vary depending on the condition of the skin, area treated and lifestyle factors such as sun exposure and smoking.also had adequate time to consider my decision. I understand that I am free to revoke my consent at any time.

After treatment, please avoid extreme facial expressions, alcohol consumption and applying make up for 12 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.

I consent to the administration of Botulinum Toxin and have been given after care instructions. I also consent to the taking of photographs. This consent form is also signed for future administration of Botulinum Toxin.

Patient Signature

Date

Practitioner Signature

Date

Name of Patient

Date

Consent Form for Botulinum Toxin-Treatment (Hyperhidrosis)

Proposed treatment

.....

I confirm that I have received information regarding the product's contra-indications and potential side effects:

Contraindications: You cannot receive Botulinum Toxin if you are in the following categories :

1. Pregnant or Breast Feeding
2. Neuromuscular disorders/Myasthenia Gravis/Eaton Lambert Syndrome
3. Blood Coagulation Disorders or taking anticoagulants.
4. Currently taking antibiotics (aminoglycosides, lincosamides, polymyxins) or Muscle relaxants
5. Local Infection at injection site
6. Previous intolerance, allergy or anaphylactic reaction to Botulinum Toxin
7. Unrealistic expectations

Potential Side Effects

1. Bruising, swelling, redness, pain/stinging/itching, infection at injection site
2. Skin tightness, nausea or headache, possible flu-like symptoms
3. Occasional skin numbness, local muscle weakness or weakness of fine muscles of the hand(s)
4. Allergic reactions & very rarely anaphylactic reactions
5. Possible top-up, period of time to take effect, limited duration of results
6. Limitation to hyperhidrosis improvement
7. Increased sweating to other sites

All foreseeable risks of Botulinum toxin therapy listed above have been thoroughly explained to me. My questions regarding the treatment procedure, its potential side effects and contraindications were answered to my full satisfaction. I understand that the effects of Botulinum Toxin lasts for an average of 3-4 months but will vary depending on the condition of the skin, area treated and lifestyle factors such as smoking. I also had adequate time to consider my decision. I understand that I am free to revoke my consent at any time.

After treatment, please avoid extreme movement of treated areas, alcohol consumption and applying anti-per spirant or other skincare products to the treated area for 12 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.

I consent to the administration of Botulinum Toxin and have been given after care instructions. I also consent to the taking of photographs. This consent form is also signed for future administration of Botulinum Toxin.

Patient Signature

Date

Practitioner Signature

Date

Name of Patient _____

Date _____

Aftercare Advice following Botulinum Toxin treatment**WHAT SHOULD I BEAR IN MIND AFTER MY TREATMENT?**

- **Immediately after treatment, there may be bruising, slight redness, swelling, tenderness and an itching sensation in the treated area. This is a normal result of the injection. The inconvenience is temporary and generally disappears in a few days. Some patients have reported skin tightness and sometimes nausea or headache following treatment. Please contact us for advice if the symptoms continue or if other reactions occur.**
- **After treatment, please avoid extreme facial expressions, alcohol consumption and applying make up for 12 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.**
- **If you are using aspirin or any similar medication, be aware that these may increase the bruising and bleeding at the injection site.**

HOW LONG WILL A TREATMENT LAST?

- **Botulinum Toxin lasts on average 3 to 4 months. You always have a choice to continue or change the combination of treatments – and the procedure can be repeated as often as you like.**
- **Most patients choose to have a follow-up treatment 3 to 4 months after an initial treatment of wrinkles.**
- **A touch-up treatment within 2 to 4 weeks after the initial treatment may be necessary to achieve an optimal correction.**

PLEASE DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS**Practitioner Contact Number =****Date of next appointment =**