

*Ellie Foister*

## BOTULINUM TOXIN/DERMAL FILLERS

### CLIENT INFORMATION

Name		D.O.B.	
Address			
City	Region	Postcode	
Phone	Occupation		
Email			
Emergency Contact		Phone	
GP:		Phone	

Any past cosmetic treatments? (Including Botox, Fillers, Cosmetic Procedures, Plastic Surgery or Reconstruction)  Yes  No  
 Details \_\_\_\_\_

Are you currently taking any medications, (including vitamins and supplements) orally, topically or transdermally?  Yes  No  
 Details \_\_\_\_\_

Do you have any allergies?  Yes  No  
 Details \_\_\_\_\_

Are you taking blood thinners (inc. herbal treatments)?  Yes  No

Are you pregnant or breastfeeding?  Yes  No

Are you trying to become pregnant?  Yes  No

### WHAT AREAS WOULD YOU LIKE TREATED?

Please check all that apply

- Frown Lines
- Crows Feet
- Eyebrow Lift
- Bunny Lines
- Upper Lip Lines
- Gummy Smile
- Marionette Lines
- Chin
- Neck Lift
- Forehead Lines
- Smile Lift
- Dimple Chin

### MEDICAL HISTORY

Please check all that apply

<input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)	<input type="checkbox"/> Eye Disease	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Herpes Simplex	<input type="checkbox"/> Neurological Disorders
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Parkinsons Disease
<input type="checkbox"/> Any active infection	<input type="checkbox"/> HIV	<input type="checkbox"/> Porphyria
<input type="checkbox"/> Beef/Dairy Allergy	<input type="checkbox"/> Hormone Imbalance	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypersensitivity to Medications/Latex	<input type="checkbox"/> Sensivity/Allergy to Lidocaine
<input type="checkbox"/> Cardiac/Vascular Issues	<input type="checkbox"/> Keloid Scarring	<input type="checkbox"/> Skin Disease/ Skin Lesions
<input type="checkbox"/> Cold Sores/Fever Blisters	<input type="checkbox"/> Lambert-Eaton Syndrome	<input type="checkbox"/> Thyroid Imbalance
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Other
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Lupus	_____

Details for any of the above \_\_\_\_\_

Do you suffer from any condition not listed above?  Yes  No

Details \_\_\_\_\_

Would you like to be added to our email list for future specials and discounts?  Yes  No

How did you hear about "The Lifestyle Medic"? \_\_\_\_\_

This form is completely confidential. By signing below, I agree to the following:  
 The information I have provided regarding my Medical History is accurate to the best of my knowledge.  
 I understand the information given pertaining to the requested treatment/s and confirm that I do not have any condition/s that would make the treatment/s unsuitable.  
 I agree to inform my Technician if I experience any discomfort during the procedure, so they may adjust accordingly.  
 I agree to waive all liability towards my aesthetics practitioner and "The Skin Medic" for any injury or damages incurred due to my failure to disclose any existing or past health conditions.

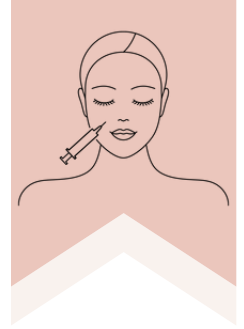
Date: \_\_\_\_\_

Client Signature  Practitioner Signature

Ellie Foster

# Client Consent Form

## BOTULINUM TOXIN



Botulinum A Toxin (Botox®/Dysport®/Xeomin®/Jeuveau®) injections are most commonly used to temporarily relax the facial muscles that cause wrinkles in the forehead and around the eyes. The injected muscle can't contract which makes wrinkles relax and soften. Botox® cannot stop the process of aging, but it can temporarily diminish the look of wrinkles caused by muscle groups.

Please read and initial the following:

- I confirm I have not received any other botulinum toxin product within the last 4 months.
- I understand that the results are temporary and the duration of effect generally lasts for approximately three to four months. Continuing treatments are necessary in order to maintain the effect over time.
- I understand that it generally takes 7 to 14 days to take effect. As muscle action slowly returns, the lines and wrinkles begin to reappear and need to be treated again.
- The information I have provided about my medical history is accurate to the best of my knowledge, including all known allergies and/or prescription drugs/products I am currently ingesting or using topically.
- I understand how important it is that I follow all post-treatment home care instructions. In the event I may have additional questions or concerns regarding my treatment or post-treatment care, I will consult "The Skin Medic" immediately.
- I understand I may have some temporary side effects after the Botox injections. These include but are not limited to: mild pain and swelling around the injection sites, bruising, eyelid drooping, headache, nausea, facial asymmetry, blurred or double vision, crooked smile, eye dryness or severe tearing, numbness and weakness in nearby muscles.

I hereby give my informed consent to proceed with Botox® injections. I have read and fully understand this agreement and all information detailed above.

I understand the procedure being performed today and accept all possible risks. I have had all contraindications and possible side effects of Botox explained to me and my questions have been answered to my satisfaction.

I do not hold "The Skin Medic" or the practitioner performing the procedure responsible for any liability associated with this procedure. I consent to the terms of this agreement.

I confirm that I am at least 18 years of age and by signing this Consent Form, I agree to waive all liability towards my Technician and "The Skin Medic" for any injury or damages incurred due to any misrepresentation of my medical history.

NAME PRINTED

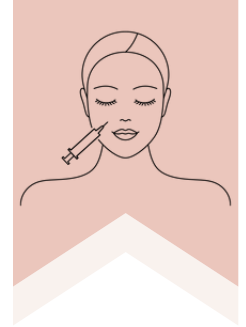
SIGNATURE

DATE

Ellie Foister

# Client Consent Form

## DERMAL FILLERS



Dermal Filler Injections (i.e. Restylane®, Juvederm®, Voluma®, Radiesse®, Sculptra®) are commonly used to smooth moderate to severe facial wrinkles and folds around the nose and mouth, add volume to lips or shape facial contours. The fillers used have been FDA approved for the cosmetic treatment of moderate to severe facial wrinkles and soft tissue depressions.

Please read and initial the following:

- I understand that the results of dermal fillers are temporary and the duration of effect generally lasts for approximately six months.
- I am aware and accept that no guarantees regarding the result of this procedure have been made or implied.
- I understand that after the first treatment, additional treatments may be necessary to achieve the desired level of correction. Full correction is not guaranteed after one treatment and complete symmetry may not be achieved.
- The information I have provided about my medical history is accurate to the best of my knowledge, including all known allergies and/or prescription drugs/products I am currently ingesting or using topically.
- I understand how important it is that I follow all post-treatment home care instructions. In the event I may have additional questions or concerns regarding my treatment or post-treatment care, I will consult "The Skin Medic" immediately.
- I understand I may have some temporary side effects after the dermal filler injections. These include but are not limited to: redness, swelling, pain, itching, discoloration, bruising or tenderness at the injection site or allergic reaction. Post treatment bacterial, viral and/or fungal infections can occur which in most cases can be easily treated.

I hereby give my informed consent to proceed with Dermal Filler injections. I have read and fully understand this agreement and all information detailed above.

I understand the procedure being performed today and accept all possible risks. I have had all contraindications and possible side effects of Dermal Fillers explained to me and my questions have been answered to my satisfaction.

I do not hold "The Skin Medic" or the Technician performing the procedure responsible for any liability associated with this procedure. I consent to the terms of this agreement.

I confirm that I am at least 18 years of age and by signing this Consent Form, I agree to waive all liability towards my Technician and "The Skin Medic" for any injury or damages incurred due to any misrepresentation of my medical history.

NAME PRINTED

SIGNATURE

DATE

*Ellie Foster*

# Treatment Log

## BOTULINUM TOXIN/DERMAL FILLERS



**NAME**

**D.O.B.**

**CHART#**

Blank input fields for Name, D.O.B., and Chart#.

Consent Form signed?  YES  NO

Topical Numbing Agent Used: \_\_\_\_\_

Before photo taken?  YES  NO

	AREA 1	AREA 2	AREA 3	AREA 4
TREATMENT DATE				
NEUROTOXIN/FILLER				
Dilution (mL)				
Units / 0.1 mL				
LOCATION				
LOT NUMBER				
EXPIRATION DATE				
TOTAL UNITS / SITE				
Site A				
Site B				
Site C				
Site D				
TOTAL UNITS USED				

Product Sticker

Product Sticker

Product Sticker

Product Sticker

**NOTES**

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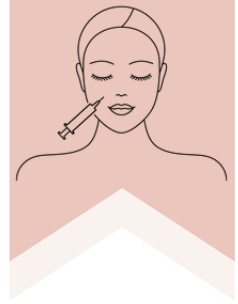


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Ellie Foster

# Precare & Aftercare

## BOTULINUM TOXIN



Botulinum Toxin (commonly known as Botox®, Dysport®, Xeomin® and Jeuveau®) is made from the bacteria that causes botulism. Botulinum Toxin works to block nerve activity in the muscles and is commonly used to treat wrinkles and facial creases, by blocking signals from the nerves to the muscles. The injected muscle can't contract, which makes wrinkles relax and soften. Botox® starts to take effect in about 3 days., with full effect happening about 2 weeks after Botox® injections. The effects of a Botox® injection are temporary, usually lasting 3 - 6 months.

### PRE-CARE

- **Avoid blood thinning medication.** Avoid aspirin, ibuprofen (generic, Advil®, Aleve® or Motrin®), Vitamin E and fish oil or omega-3s, one week prior to treatment to prevent bruising.
- **Don't skip breakfast.** On the morning of treatment, consume a small meal and drink, as this will decrease the chances of becoming lightheaded during your treatment.
- **Do NOT consume alcoholic beverages** at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising)
- **Discontinue Retin-A** 2 days before and 2 days after treatment.
- **Reschedule your appointment** at least 24 hours in advance if you have a **rash, cold sore or blemish** on the area.
- **Avoid sun exposure prior to treatment.** Sunburned skin is difficult to treat.
- **Timing is everything.** It is best to schedule Botox®, Dysport® and dermal filler treatments at least two weeks before a big event. Results from Botox® injections will take approximately 4 to 7 days to appear and bruising and swelling may be apparent in that time period.
- **No bleaching, waxing, tweezing or use of hair removal creams** to be used on the areas to be treated.

### AFTER-CARE

- **Wait at least a day** before getting any facial treatments or resuming your normal skincare routine. This allows the body time to adjust to the medical aesthetics treatment.
- **Sit up.** Don't lie down for at least 3 hours after receiving Botox®. This is to avoid the risk of pressure on the treated areas or having the area rubbed accidentally.
- **Avoid painkillers.** Painkillers should be used sparingly for headaches or facial pain. Strong painkillers such as Aspirin and ibuprofen should be avoided.
- **You should avoid any exercise** for at least 3 hours after treatment.
- **Don't go into any saunas, hot tubs, or tanning booths** for at least 4 hours. This helps to prevent bruising, because heat can raise your blood pressure.
- **Try frowning and raising your eyebrows** about an hour after your treatment. These facial exercises aren't necessary, but they may lead to better results.
- **Come back for touch-ups.** Schedule a follow-up appointment for two weeks after the first Botox® treatment if you feel more Botox® is needed.

**You would not be considered a candidate for Botox® if you are pregnant, breastfeeding, have a neurological disease, suffer from Myasthenia Gravis, an allergy to Botulinum Toxin or allergy to human albumin.**

Ellie Foster

# Pre-care & Aftercare

## DERMAL FILLERS



Dermal fillers are gel-like substances that are injected beneath the skin to restore lost volume, smooth lines, soften creases and enhance facial contours. It can be a cost-effective way to look younger without surgery or downtime. As we age, our faces naturally lose subcutaneous fat, which makes smile lines and crows feet more apparent because facial muscles are working closer to the skin surface. The facial skin also stretches a bit, adding to this loss of facial volume. Other factors that can affect aging of the facial skin include sun exposure, heredity and lifestyle.

### PRE-CARE

- **Avoid blood thinning medication.** Avoid aspirin, ibuprofen (generic, Advil®, Aleve® or Motrin®), Vitamin E and fish oil or omega-3s, one week prior to treatment to prevent bruising.
- **Do not use dermal fillers if you are pregnant or breastfeeding**, are allergic to any ingredients, or suffer from neurological disorders.
- **Do NOT consume alcoholic beverages** at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising)
- **Discontinue Retin-A** 2 days before and 2 days after treatment.
- **Reschedule your appointment** at least 24 hours in advance if you have a **rash, cold sore or blemish** on the area.
- **Avoid sun exposure prior to treatment.** Sunburned skin is difficult to treat.
- **Start taking Arnica® 2 days prior to treatment.** This will help alleviate bruising and swelling.
- **No bleaching, waxing, tweezing or use of hair removal creams** to be used on the areas to be treated.
- **Please arrive for your appointment with a clean, washed face.** No make-up or creams.

### AFTER-CARE

- **It is normal to experience redness, swelling, bruising and tenderness after the injections.** These usually subside a few days after the treatment, but can last up to a week. If any of these symptoms persist longer than a week, or if you develop other symptoms, please contact our office.
- **Wait at least a day** before resuming your normal skincare routine. This allows the body time to adjust to the medical aesthetics treatment.
- **Sleep on your back with your head elevated** if you experience swelling. Avoid sleeping on your face for a week after treatment.
- **Avoid painkillers.** Painkillers should be used sparingly for headaches or facial pain. You may take Tylenol® if needed. Strong painkillers such as Aspirin and ibuprofen should be avoided, as they act as blood thinners.
- **You should avoid any strenuous exercise** for at least 24 hours after treatment, to prevent moving the filler or increasing blood flow to the face.
- **Don't go into any saunas, hot tubs, or tanning booths** for at least 4 hours. This helps to prevent bruising, because heat can raise your blood pressure.
- **Don't touch or rub your face for 24 hours after treatment.**
- **Apply cold compresses or ice packs** to the treated area/s to help alleviate swelling. Use for 15 minutes every hour for the first 12 hours.

**You would not be considered a candidate for Dermal Fillers if you are pregnant, breastfeeding, have an autoimmune disease, cutaneous disorders, inflammation or an infection at or near the treatment site.**





# Botulinum Toxin

## PRE-TREATMENT INSTRUCTIONS



Avoid blood thinning medication 1 week before treatment



Discontinue using Retin-A 2 days before treatment



Avoid sun exposure prior to treatment



Eat a small meal prior to coming in for your treatment



No bleaching, waxing, tweezing or hair removal creams on area to be treated



No alcohol at least 24 hours before treatment



Schedule Botox at least 2 weeks before a big event



We look forward to seeing you!

[www.thelifestylemedic.org](http://www.thelifestylemedic.org)

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# Dermal Fillers

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Start taking Arnica 2 days prior, to reduce bruising



No hair removal of area to be treated 2 days prior to treatment



No alcohol for at least 24 hours before treatment



Please arrive for appointment with clean, washed face



We look forward to seeing you!

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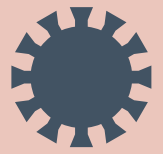
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Ellie Foster

# Covid-19

## LIABILITY WAIVER



Our clients are very important to us. Due to the outbreak of COVID-19, "The Skin Medic" is taking extra care and precautions to help keep our clients and employees safe.

Please read this form carefully and advise if you suffer from any of the following symptoms:

- Body Aches
- Cough
- Congestion/Runny Nose
- Diarrhea
- Fatigue
- Fever/Chills
- Headache
- Loss of Taste or Smell
- Muscle Aches
- Nausea/Vomiting
- Shortness of Breath
- Sore Throat

I agree to the following: (Please initial each line to indicate your understanding and acceptance)

- I confirm that neither I, nor any member of my household have suffered any of the above symptoms within the past 14 days. \_\_\_\_\_ (Initial)
- I confirm that neither I, nor any member of my household have knowingly been in contact with anyone who has been diagnosed with COVID-19. \_\_\_\_\_ (Initial)
- I confirm that neither I, nor any member of my household have been diagnosed with COVID-19 within the past 30 days. \_\_\_\_\_ (Initial)
- I confirm that I have not travelled internationally within the past 30 days. \_\_\_\_\_ (Initial)
- I understand the CDC recommends social distancing of 6 feet, but am aware that this is not possible with the service I am receiving today. \_\_\_\_\_ (Initial)
- I confirm that I have voluntarily sought the services from "The Lifestyle Medic" today and acknowledge that I am increasing my exposure to COVID-19 in doing so. \_\_\_\_\_ (Initial)
- I understand that despite the measures "The Lifestyle Medic" has put in place to prevent the spread of COVID-19, I acknowledge there is still no guarantee that I won't be infected with COVID-19. \_\_\_\_\_ (Initial)
- I understand that "The Lifestyle Medic" cannot be held liable for exposure to COVID-19, due to any misinformation on this form and/or my Health History which has been provided by me. \_\_\_\_\_ (Initial)

By signing below, I knowingly and willingly consent to release "The Lifestyle Medic" from any and all liability for any unintentional exposure or harm due to COVID-19.

NAME PRINTED

SIGNATURE

DATE



Ellie Foister

# Cancellation Policy



At "The Skin Medic", your appointments are very important to us and we understand that sometimes appointments need to be re-scheduled or canceled. Because most of our services require preparation time to properly prepare a room for your treatment, we have Cancellation Policies in place. In order to provide you and others with excellent customer service and access to appointments during peak times, we kindly ask for the following considerations:

## CANCELLATION POLICY & FEES

- We respectfully request at least 24 hours notice to cancel or reschedule your appointment.
- Less than 24 hours notice will result in a charge equal to 50% of the reserved service amount.
- All "NO SHOWS" will be charged 100% of the reserved service amount.

This cancellation policy allows us time to inform our standby guests of any availability. Without sufficient notice, we end up turning away other clientele who could have scheduled an appointment for the same time.

## ARRIVAL TIME

Please arrive for your appointment 5 minutes before your scheduled appointment time. This allows for extra time to attend to your paperwork etc. Arriving early will not guarantee your service will start before your scheduled appointment time.

## LATE ARRIVALS

We understand that sometimes things happen outside of your control to make you late for your appointment. We will do everything we can to accommodate you, but unfortunately it will limit the time allocated for your treatment or we may need to reschedule your appointment. If we have to reschedule your appointment, you will be responsible for 50% of the value of the original service(s).

Please let us know as soon as possible if you are running late so we can best accommodate everyone.

Thank you for viewing and supporting our policies criteria.

I have read and understand the Cancellation Policies listed above and agree to abide by the above conditions.

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**NAME PRINTED**

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**SIGNATURE**

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**DATE**



Ellie Foster

# Client Feedback Form

## NAME

## TREATMENT/PROCEDURE

Thank you for your visit today. Your feedback is invaluable to us in order for us to consistently improve our standards and services. We would be grateful if you could answer the questions below and add any comments or suggestions that could have improved your experience.

Who was your Esthetician today? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Did your Esthetician meet your expectations?  Yes  No

Did your treatment meet your expectations?  Yes  No

Were you satisfied with the overall cleanliness & hygiene of the Spa/Clinic?  Yes  No

Did you think the overall atmosphere was professional & relaxing?  Yes  No

Were we able to help you with your needs & concerns today?  Yes  No

Are you satisfied that your expectations for today's visit were met?  Yes  No

Would you come back for future treatments?  Yes  No

Would you recommend "The Skin Medic" to your friends?  Yes  No

Did your appointment start & finish in a timely manner?  Yes  No

Was your payment processed in a timely manner?  Yes  No

Do you feel your treatment was good value for the cost?  Yes  No

Please rate your experience with us today  1  2  3  4  5  
Poor Average Best

What did you enjoy the most about the treatment/procedure you had today? \_\_\_\_\_  
\_\_\_\_\_

Was there anything that you didn't enjoy about your treatment/procedure today? \_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions that may help us to improve our level of service? \_\_\_\_\_  
\_\_\_\_\_



