NAME:_____ **DOB:**_____

EMAIL ADDRESS_____**DATE:**_____

CONFIDENTIAL MEDICAL QUESTIONNAIRE

- Attending or receiving medical treatment?	YES/NO
- Taking medicine	YES/NO
- taking or had steroids/cortisone in the past 2 years?	YES/NO
- Allergic to medicines (penicillin etc)?	YES/NO
- Allergic to any materials?	YES/NO
- Pregnant/IVF/Nursing/Breastfeeding?	YES/NO
- Due to have any treatment/operations in the next 2wks	YES/NO
- Due to fly/travel within 2 days?	YES/NO
- Had rheumatic fever/chorea?	YES/NO
- Had jaundice, liver disease, or hepatitis A, B or C?	YES/NO
- Any heart problems (previous or present)?	YES/NO
- Tested positive for HIV or AIDS?	YES/NO
- Ever had blood refused for any transfusion services?	YES/NO
- Had a bad reaction to any anaesthetic products?	YES/NO
- Any blood/clotting disorders?	YES/NO
- Ever been hospitalised? If yes, why?	YES/NO
- Taken antibiotics in the past 3 weeks?	YES/NO
- Diagnosed with Bells Palsy/Eaton Lambert Syndrome?	YES/NO
- Diagnosed with any long term medical condition?	YES/NO
- Suffer from skin conditions (eczema, psoriasis etc)	YES/NO
- Suffer with muscle disorders?	YES/NO
- Suffer from asthma, hay fever, cold sores?	YES/NO
- Suffer from any lung diseases?	YES/NO
- Suffer from any neurological disorders?	YES/NO
- Suffer from diabetes/thyroid problems etc?	YES/NO
- Suffer from fainting/blackouts/giddiness?	YES/NO
- Suffer from kidney disease?	YES/NO
- Suffer from any skeletal/joint disease?	YES/NO
- Suffer from any breathing difficulties?	YES/NO
- Suffer from needle phobia?	YES/NO
- Bruise easily or bleed excessively?	YES/NO

PLEASE READ CAREFULLY

1. I authorise and consent to treatment for aesthetic effect and rejuvenation using dermal fillers/botulinum toxin.
2. I have been advised on the advantages and disadvantages associated and agree that the therapist has adequately explained the proposed procedure and alternatives.
3. I understand that the treatment, experience and results with this procedure varies per client and no guarantees can be made regarding the outcome.
4. I understand the primary benefits are for personal aesthetic and rejuvenation effect and are not for medical or health reasons.
5. I am satisfied that I had enough 'cooling off' opportunity to enable me to make a rational decision.
6. I accept that the cosmetic changes are secondary to a healthy lifestyle and sensible diet and that exercise regimes must be maintained.
7. I have been given sufficient opportunities to ask questions and seek further information and have received satisfactory answers for them.
8. I accept, although rare, that adverse outcomes such as pain, bleeding, bruising, infection, numbness, scarring and lumps may occur, and that some of these may be permanent.
9. I am aware that with relatively new procedures, there are no long term studies on adverse effects and complications.
10. I consent to the use of topical or local anesthesia if required.
11. I understand that I received this treatment as optional, from independent therapists not associated with the NHS or public agencies in the UK.
12. I give consent that in the unlikely event of a needle stick injury to my therapist, my blood may be tested for any blood borne transmissible diseases.
13. I hereby indemnify and hold harmless my therapist where the procedure was done from any liability, damages, cost and expenses arising from or out of the treatment.

Please ensure you are satisfied with the explanation and information given to you regarding the treatment, and that you understand that it is your right and responsibility to ask questions if anything is unclear. Note that you can ask for a chaperone or for treatment to cease at any time. By signing, you confirm that you have been given sufficient information to understand your treatment and the products being used, including contraindications and adverse effects as well as off license usage; and that you consent to us keeping a copy of this document on record. Do we have your consent to take photos of your treatment and keep them? They may be used for social media but only the treatment site will be in the photo. YES/NO.

Signature: _____

Date: _____