

## Medical Aesthetics Questionnaire & Consent

Name \_\_\_\_\_ Name you prefer we use: \_\_\_\_\_

Date \_\_\_\_\_ Age: \_\_\_\_\_ Who may we thank for your referral? \_\_\_\_\_

Have you ever had an **injectable** aesthetic procedure? (botox or fillers) No/Yes If yes, circle which one/s. When was your last injection? \_\_\_\_\_

Where did you have it/them injected? \_\_\_\_\_

Were there any complications from those injections? No/Yes If yes, please describe: \_\_\_\_\_

Do you feel faint with needles? No/ Yes Have you ever had the following procedures: (peel, laser, IPL, surgery or microderm)? No/Yes, circle which one/s. When was your last treatment? \_\_\_\_\_

### Which concerns apply to your skin? Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Acne                              | <input type="checkbox"/> White Spots (Hypopigmentation)  |
| <input type="checkbox"/> Uneven Skin Tone                  | <input type="checkbox"/> Blackheads / Whiteheads / Milia |
| <input type="checkbox"/> Excessive Oiliness                | <input type="checkbox"/> Scarring                        |
| <input type="checkbox"/> Fine Lines / Wrinkles Skin Laxity | <input type="checkbox"/> Sensitivity / Redness           |
| <input type="checkbox"/> Brown Spots (Hyperpigmentation)   | <input type="checkbox"/> Tired Looking Eyes              |
| <input type="checkbox"/> Clogged Pores                     | <input type="checkbox"/> Volume Loss in Lips             |
| <input type="checkbox"/> Bumps Under Skin                  | <input type="checkbox"/> Bags under eyes                 |
| <input type="checkbox"/> Dryness                           | <input type="checkbox"/> Other Concerns: _____           |

### Please check the skincare products you currently use & their brand names:

- |   |  |
|---|--|
| <input type="checkbox"/> Cleanser _____             | <input type="checkbox"/> SPF _____               |
| <input type="checkbox"/> Exfoliant _____            | <input type="checkbox"/> Moisturizer/Day _____   |
| <input type="checkbox"/> Serum _____                | <input type="checkbox"/> Moisturizer/Night _____ |
| <input type="checkbox"/> Retinol/AHA/Glycolic _____ | <input type="checkbox"/> Other Please List _____ |

### Please check any that pertain to your health:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Skin Cancer (history of, or currently) - Where/When: _____              |   |   |
| <input type="checkbox"/> Contagious Conditions - Which one? _____                                |   |   |
| <input type="checkbox"/> Immune Disorders? (ie Rheumatoid arthritis, sclerodermis, lupus?) _____ |   |   |
| <input type="checkbox"/> Epilepsy or Seizures  | <input type="checkbox"/> Hepatitis C          | <input type="checkbox"/> Blood Pressure-High/Low        |
| <input type="checkbox"/> Headaches / Migraines   | <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> History of Anesthetic Reaction |
| <input type="checkbox"/> High Level of Stress  | <input type="checkbox"/> Cold Sores           |   |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> HIV                  |   |

Is there anything else you would like the doctor to know? Or any other questions or concerns that have not been expressed? \_\_\_\_\_

## **Patients with the following conditions are not candidates for aesthetic treatments:**

- Undergoing chemotherapy or steroid therapy due to low immune function
- Anticoagulation therapy ie Warfarin
- Undiagnosed lesion on or close to the treatment site
- Lambert Eaton Myasthenic Syndrome
- Recent herpes outbreak
- Active weeping acne
- Unstable diabetes
- Epilepsy
- Pregnancy
- Inflammatory skin conditions such as sunburn
- Myasthenia gravis
- Multiple Sclerosis
- ALS
- Dermatological diseases affecting the face:
  - Porphyria, Blood Disorders & Platelet Abnormalities

## **Cosmetic injections:**

- Can cause *bruising*.
  - Botox & Vampire Facelift treatments typically cause no or little bruising.
  - Dermal filler bruising may last 4-10 days, & is easily covered with makeup.
- Rarely cause:
  - *Infection*, which may need treatment with an antibiotic. Avoid touching your face with unwashed hands the day of the treatment.
  - *Allergic reaction* to the substance injected or the anesthetic (ie numbing cream)
  - *Bleeding* during or after the procedure. Do not take aspirin or anti-inflammatory medications for seven days prior to appointment.
  - Temporary injection site reaction such as *redness, pain/tenderness, firmness, swelling, lumps/bumps, bruising, itching & discoloration*.
- Have not had their safety profile established in pregnancy, breastfeeding or patients under 18 years.

## **Dermal Filler Side Effects**

- Rarely blood vessels may be compromised causing vessel occlusion (1 in 5 million). Vessel occlusion may cause ulcer, visual disturbance or blindness. There are many different types of fillers that can be injected to restore lost volume great majority from fat, silicone or PMMA fillers. IHC doctors do not inject these fillers. Our fillers, containing hyaluronic acid, have the safest safety profile.
- Small bumps, swelling or uneven results may occur. Subsequent visits to diminish these will be available to you if needed, after any typical treatment swelling subsides.

## **Botox/Dysport Side Effects**

- Lines present at rest may or may not improve. Botox/Dysport is best at treating the facial lines that appear with expression.

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- Treatments may be effective for variable lengths of time. Relaxing the injected muscles begins to be apparent after 2-3 days, and the effect peaks at 14 days. First treatments usually last 3-4 treatments. If treatments are maintained, results usually begin to last longer than 4 months.
- Rarely:
  - Ptosis, which mean drooping of the eyelids. This is rare but transient complication may occur (in 1-2%)

## Vampire Facial Side Effects

### Commonly

- Facial *redness*, which resembles a sunburn will likely last 6-12 hours. Ice, cold compresses or a natural moisturizer can be used if needed to increase comfort. Some patients maintain some redness for up to three days, which is effectively covered with makeup.
- The numbing cream can cause a *tingling sensation* for approximately one hour afterwards.

### Possibly

- The blood draw site may bruise. Occasionally patients will get a small bruise on face.

## I understand that:

- This treatment is a cosmetic treatment.
- Additional product administered at follow-up visits is billed according to our fee schedule.
- To achieve maximum & continued results, the protocols recommended should be followed.
- There are no guarantees implied to the results of this treatment, due to variables such as: age, skin type, skin condition, sun damage, smoking, alcohol, environmental exposures etc
- I may or may not actually see demonstrable visible results; each case is individual.
- If I am prone to herpetic outbreaks either oral or genital, I have been advised to see my physician for a prescription or will receive a prescription from my naturopathic doctor.
- I agree to refrain from any skin care treatment, cosmetic or medical, 14 days preceding & 14 days following any treatment, including filler injections & Botox/Dysport Cosmetic treatments.
- Report any redness &/or swelling that lasts for more than a few days or any other symptoms that cause you concern to your physician.
- I have read & understand this agreement. \_\_\_\_\_(initial)

**Patient Name** (Please Print) \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_