

OFFICE USE ONLY
REVIEW
FB MC WS



Consent Form

Profhilo

Clients name: DOB: Date:

Address: Town: Postcode:

Contact no: Email:

PLEASE READ CAREFULLY

This medical questionnaire is confidential and will only be viewed by your aesthetic team. It is important you answer these questions honestly as some medications / medical conditions may interact with the product.

Are you attending / receiving treatment for a doctor, clinic, hospital or specialist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have any blood disorders such as HIV / AIDS / Hepatitis? <i>Unfortunately the practitioner is unable to treat due to insurance reasons.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking medicines (tablets, creams, ointments, injections, birth control, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have an auto immune disease? <i>Treatment may result in a flare up of this disease which would not be managed by the practitioner.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking any form of anti-coagulation? <i>Please be informed this will increase your risk of haematomas and prolonged bleeding.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you suffer from cold sores? <i>Cosmetic treatments may induce new or dormant cold sores, this would not be managed by the practitioner and may affect the results of the treatment.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you taking any recreational drugs, including steroids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you prone to hypertrophic scarring? <i>Profhilo cannot be used in patients prone to hypertrophic scarring.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any acute or chronic skin disease near to the area in which you require treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you due to fly / travel within the next 7 days? <i>Please consider what you would do if you needed to see the practitioner in an emergency.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies , allergic reactions including those not to medications? <i>Profhilo cannot be used in people who have a known sensitivity to hyaluronic acid or gram positive bacteria.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had any previous aesthetic treatments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had anaphylaxis (a rare but serious life threatening acute reaction to an allergen)? <i>You cannot have treatment if you have ever had an anaphylactic reaction to anything at all, including drugs, medications, insect stings, food etc.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had any operations or dental work in the last two years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you pregnant, planning to get pregnant or breast-feeding? <i>We would not treat you if you are pregnant as there is no research on pregnancy and Profhilo and because of this, we would not be able to offer any information / reassurance if you were to fall pregnant after having treatment. You cannot have treatment whilst breast feeding.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you have answered yes to any of the above please provide details here:	
Are you going through IVF or planning to start? <i>If you are currently undergoing IVF we are unable to treat you as there is no research on being pregnant / falling pregnant and Profhilo.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	I consent for a prescription to be written and collected for the product on my behalf	Yes <input type="checkbox"/> No <input type="checkbox"/>

Client Signature: Date:



Consent Form continued

POTENTIAL RISKS / SIDE EFFECTS

Some side effects are very common and should resolve in the proceeding two weeks from treatment. It must be noted however that in extreme cases, these effects can last longer or even permanent. Rare side effects are serious and can have a significant life impact.

Common:

- Bruising
- Bleeding
- Temporary skin discoloration
- Pain
- Localised inflammation

Less common:

- Infection
- Itching
- Lumps
- Abscesses
- Indurations
- Acne like eruption

Rare:

- Necrosis
- Hypersensitivity
- Allergy
- Vascular occlusion
- Embolism
- Sight disturbance / blindness
- Stroke

Profilo is relatively new in terms of aesthetic medicine. Data collected to date has shown that any of the above reactions have usually resolved after a few days, but in some cases have lasted for up to two weeks. There have been very few cases of serious side effects.

Any side effects must be reported to the practitioner as soon as possible.

TREATMENT SPECIFICS

Profilo comes in pre-assembled syringe. This is single patient use only.

Any natural asymmetries can be more enhanced with cosmetic procedures.

Full effects will be seen at 8 weeks. The treatment regime is in 4 weekly intervals. One treatment, then 4 weeks later the second treatment. It is your responsibility prior to treatment to ensure that you can make the two dates offered. No refund will be given if you cannot attend the second treatment or do not attend within the recommended time frame. Occasionally people may require a third syringe. In this case you will be charged £150 (subject to change without notice).

If you have some asymmetries it may be possible to correct with filler – again this is chargeable.

I agree in the event I wish for my Profilo to be removed, the procedure will be attempted but there are no guarantees of success, I am also aware that there is a charge for this service.

If I decide to stop treatment during the procedure and leave the premises, I am aware the remaining Profilo will not routinely be kept for another date and a new treatment would need to be purchased.

EMERGENCIES

I consent that in the event of a complication and emergency treatment needs to be provided that this will be initiated in my best interests and that these emergency steps and drugs can be administered without further consent; these include but are not, limited to adrenaline, hyaluronidase (may be of animal origin), aspirin.

Signed by Client:

Date:



CLIENT DECLARATION

I have filled out my medical history to the best of my knowledge.

COSMETIC TREATMENT

I understand that this treatment is for cosmetic purposes, it is not necessary or life saving

I understand that the practice of medicine and surgery is not an exact science and therefore no guarantee can be given as to the results of the treatment referred to in this document.

I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that anticipated results will be achieved.

I understand that treatment experience and results will vary with each client and no guarantees can be made regarding the eventual outcome.

I understand that this is a temporary treatment and that as the product wears off, my skin should (unless in the event of an adverse reaction) return to as it was prior to treatment.

LIABILITY / RIGHTS

By signing this consent I am agreeing that I indemnify and hold harmless, the treating therapist Jacqui Simpson and Just Enhance Ltd, from any liability, damages, cost and expenses arising from or out of the treatment.

Prices are subject to change. Prices are correct at time of booking.

I understand that I can refuse treatment at any time; and may ask to have a relative, friend or another therapist present during the procedure.

In the event you are unclear about any risks or side effects stated in this document please ask for further information and do not sign until you are happy that you have been given sufficient information to go ahead with treatment.

CLIENT INFORMATION

- I am satisfied that I have been given enough information to make an informed decision to go ahead with treatment and that the potential risks and side effects have been explained.
- I have been given enough time to decide if I am happy to go ahead with this treatment.
- I have been given sufficient opportunities to ask questions and have received satisfactory answers to all of them.

Client Signature: Date:



Profhilo Hydration Treatment

Disclaimer Form

Clients name: DOB: Date:

Address: Postcode:

Contact no: Email:

DISCLAIMER

As you have previously had any aesthetic treatments by another practitioner, you are required to sign a disclaimer before Jacqui Simpson of Just Enhance Ltd can administer further treatment.

I had treatment at: (name of clinic or practitioner)

My last treatment was: (date of last treatment)

The treatment was – please include name of product(s):

.....

- I hold harmless the treating practitioner Jacqui Simpson of Just Enhance Limited for any claims due to the new treatment / corrective treatment.
- I am aware that side effects although rare can have a life changing impact
- I am aware when different products are used either known or unknown that there is no evidence to satisfy this will not lead to adverse outcomes.
- I am aware that if I have elected / or in an emergency had treatment of hyaluronidase to dissolve dermal filler this may dissolve some of the natural hyaluronic acid in my own tissues and leave the skin looking dehydrated.

Client Signature: Date:



GDPR
(General Data Protection Regulation)

IMAGES

Photographs must be taken for insurance purposes, but will only be published with your permission. They may be presented upon request to the insurance company. Please sign next to your consent and delete as appropriate.

I consent to my:

Photograph being taken prior / after treatment: Yes / No Sign:

I consent to the photograph being cropped, so that the treatment area only can be seen and this then being used for promotional purposes: Yes / No Sign:

I consent to my full face photograph being used for promotional purposes: Yes / No Sign:

Jacqui is also a member of several professional forums for aesthetics. These forums provide general advice on individual cases such as how you can achieve better results for your clients and teaching. They also provide advice and support in complaints, concerns or emergencies.

Please consider the following very carefully as it is purely for the interest of safe practice.

If the need arose would you consent for:

Your case discussing for advice, teaching or emergency situation: Yes / No Sign:

Your photo usually treatment area only, but not limited being used for advice, teaching or emergency situations: Yes / No Sign:

If there is any further specificities or limitations to the above please detail below:

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STORAGE OF PERSONAL DETAILS AND PHOTOGRAPHS

Your photographs will be taken and stored on a mobile device with files on a external site (eg iCloud). These will be deleted from the device / site and stored onto a hard drive at regular intervals. All devices are password / code protected.

Electronically the following information is stored on a Microsoft Excel spread sheet on a device with a password; forename, surname, treatment, date of last treatment, telephone number, and email address. Your email address will be added to the website www.justenhance.co.uk with an option to unsubscribe.

Photographs are occasionally shared for promoting the services of Jacqui at Medicare Cosmetics.

Your paper files are stored in a filing cabinet within the treatment room at Just Enhance Ltd. They will only be removed and transported if your treatment is taking place outside of these premises.

Your data will only be shared with Medicare Cosmetics, if your treatment takes place in the clinic at Medicare, Redcar. Your data will not be shared with any other third parties.

Please sign to say you understand the GDPR policy and consent for your information to be held and processed in this way.

Please also indicate the methods through which we can contact you:

Telephone Post

Text message Social media

Date:

Print name:

Client signature:

If there is any further specificities or limitations to the above please detail below:

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Profhilo Hydration Treatment

Terms & Conditions

Please sign this section after you have been given the appropriate information:

Name of document	Treatment	Date issued	Signature of practitioner	Signature of client
Frequently asked questions	TOXIN			
Pre treatment letter	TOXIN			
Aftercare instructions	TOXIN			
Manufacturer's SPC				
Frequently asked questions	FILLER			
Pre treatment letter	FILLER			
Aftercare instructions	FILLER			
Manufacturer's SPC				
Frequently asked questions	PEEL			
Pre treatment letter	PEEL			
Aftercare instructions	PEEL			
Manufacturer's SPC				
Frequently asked questions	PROFHILO			
Pre treatment letter	PROFHILO			
Aftercare instructions	PROFHILO			
Manufacturer's SPC	PROFHILO			
Frequently asked questions	VISCODERM HYDROBOOSTER			
Pre treatment letter	VISCODERM HYDROBOOSTER			
Aftercare instructions	VISCODERM HYDROBOOSTER			
Manufacturer's SPC	VISCODERM HYDROBOOSTER			



Profhilo Hydration Treatment

PERSONAL INFORMATION UPDATE:

At each appointment you will be asked to read your consent and medical declaration, you must inform your practitioner if anything has changed and add this to the front page of your consent form.

Please sign below to confirm you have done this. Please only sign once per visit.

Signed by client: Date:

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Signed by client: Date:

Signed by client: Date:



PRESCRIPTION RECORD continued:

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Client Payment Record

Profhilo Hydration Treatment

Date	Treatment	Amount	Full price	No of fp

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CLIENT FOLLOW-UP RECORD
continued:

Consultations only:

Date of consultation	Follow up text sent	Outcome

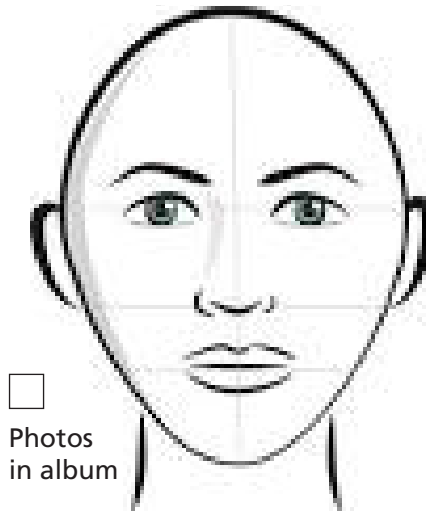
Complaints:

Nature of Complaint	Nature of Complaint
Date of complaint: Plan:	Date of complaint: Plan:
Date resolved: Outcome:	Date resolved: Outcome:



Client Treatment Visual

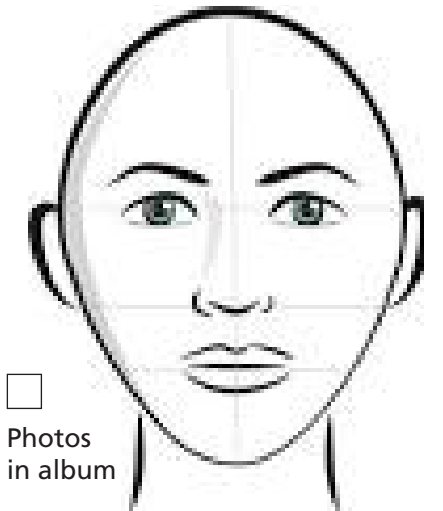
Profhilo Hydration Treatment



Photos in album

Product label:

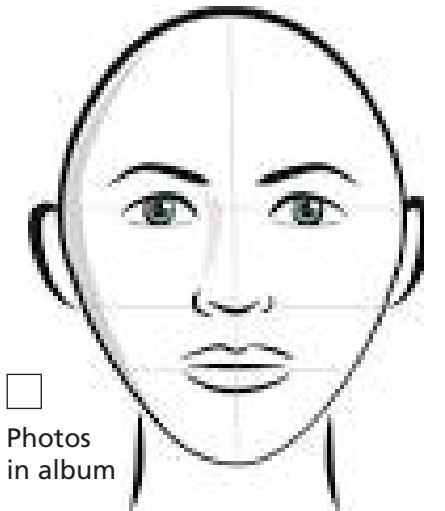
Date:



Photos in album

Product label:

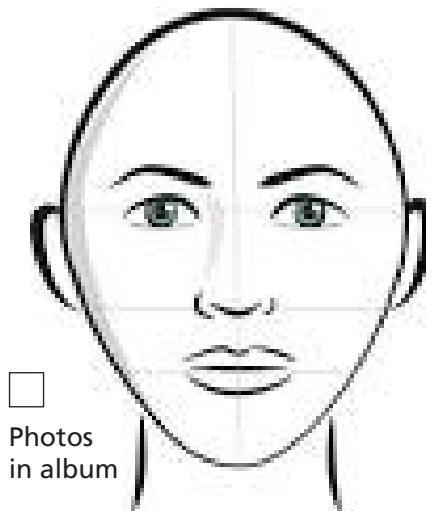
Date:



Photos in album

Product label:

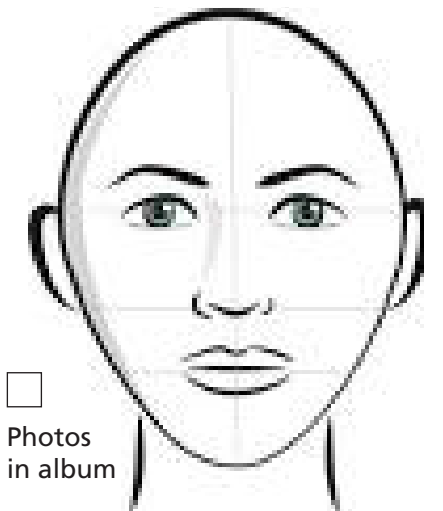
Date:



Photos in album

Product label:

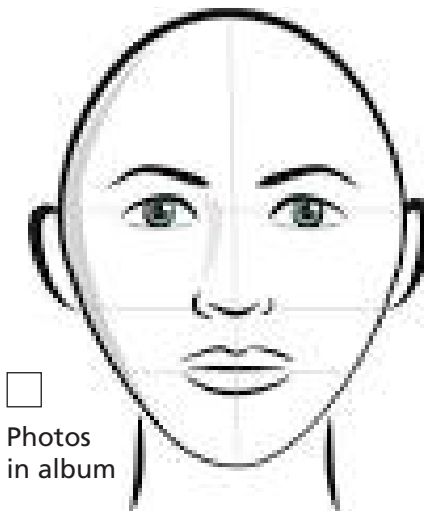
Date:



Photos in album

Product label:

Date:



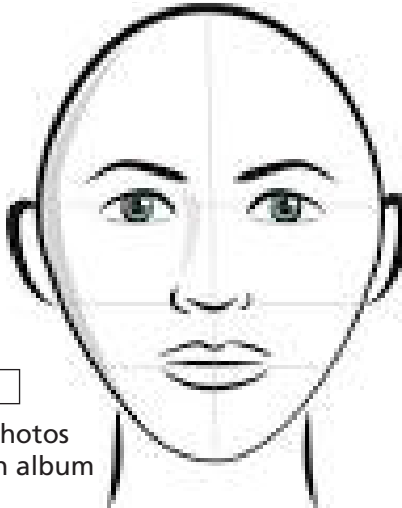
Photos in album

Product label:

Date:



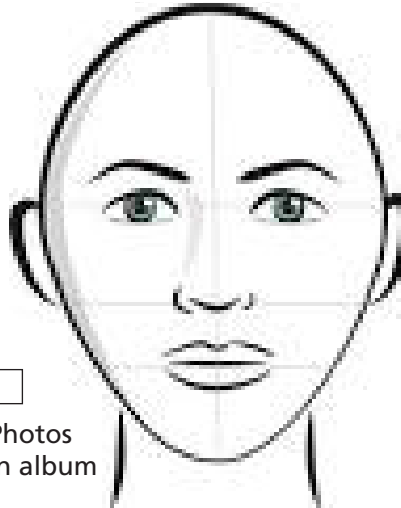
CLIENT TREATMENT VISUAL
continued:



Photos
in album

Product label:

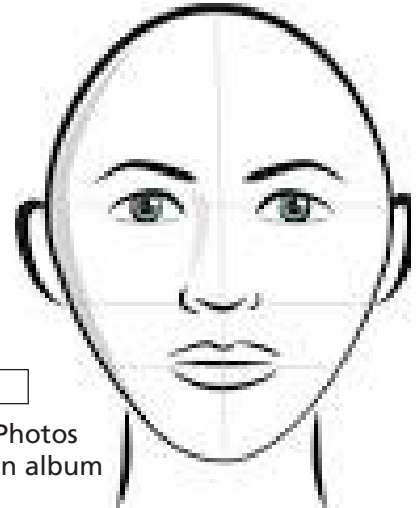
Date:



Photos
in album

Product label:

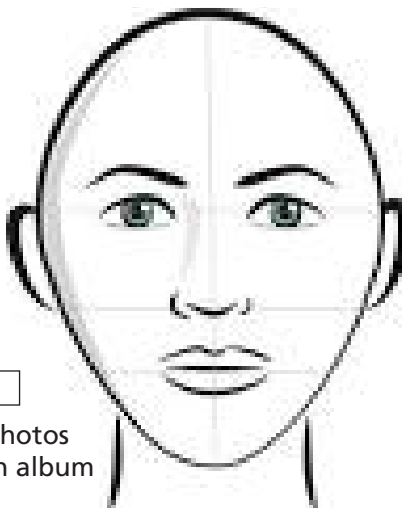
Date:



Photos
in album

Product label:

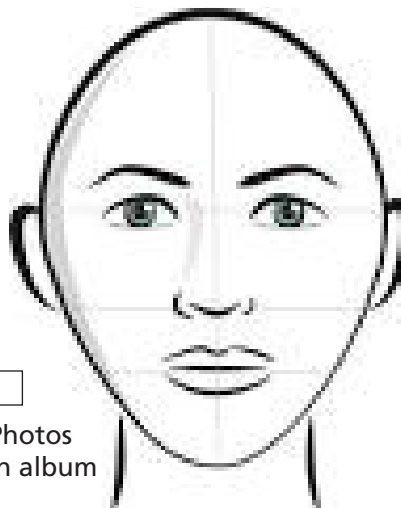
Date:



Photos
in album

Product label:

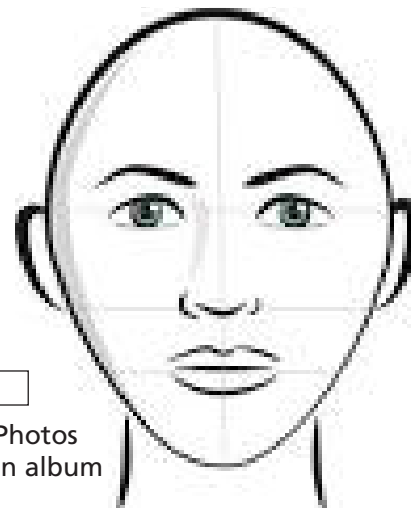
Date:



Photos
in album

Product label:

Date:



Photos
in album

Product label:

Date: