Youthology 101

Medical History

☐ ESTABLISHED PT ☐ NEW PATIENT Who may we thank for your referral? _____

PATIENT NAME: _____ BIRTHDATE: ___/___/_____ SEX: F or M

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CELL PH: ( ) ___-_____ *Carrier_____ HOME PH: ( ) ___-_____

PRIMARY PHYSICIAN : _____

E- MAIL ADDRESS: _____

DO YOU PREFER **TEXT** OR **E-MAIL** APPOINTMENT REMINDER *(please circle one)*

REASON FOR VISIT: _____

WOULD YOU BE INTERESTED IN INFORMATION REGARDING COSMETIC PROCEDURES SUCH AS:

(please circle all that apply)

Facial veins hair reduction wrinkles BOTOX Fillers chemical peels acne treatment age spots skin tightening Stretchmark Reduction vitamin B12 Scar Revision Medical Weight Loss

Body Sculpting

HISTORY AND PHYSICAL

MEDICAL ALLERGIES: _____

MEDICATIONS: _____

☐ACCUTANE ☐ASA ☐MOTRIN ☐ANTIBIOTICS ☐RETIN A ☐ DIABETES ☐ SMOKER
☐ PREGNANT/NURSING ☐ALCOHOL CONSUMPTION PAST 48 HR
☐COLD SORE HISTORY ☐ SUN EXPOSURE IN PAST 4WKS SELF TANNER ☐SELF TANNER

SKIN CONDITIONS: _____

PAST MEDICAL OR SURGICAL HISTORY: _____

HAVE YOU EVER HAD BOTOX OR FILLERS? _____ DATE OF LAST TX _____

Patient Signature: **Date:**

NEUROTOXIN INJECTION INFORMED CONSENT

Patient _____

To the patient: You have the right to be informed about your skin condition and treatment so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to better inform you so that you may give or withhold your consent for the treatment program.

I have requested that a Youthology licensed clinician attempt to improve my facial expression lines with a neuromodulator (brand names Botox, Dysport, Xeomin).These are the trademarks for Botulinum Toxin Type A. These injections have been used for more than a decade in children and adults to improve the problem of muscle spasms of the facial muscles. These toxins have also been useful in treating many other medical conditions. Injection of a small amounts of Botulinum toxin temporarily weakens the muscle resulting in a reduction in visable wrinkles during animation as well as when at rest. Although the results are usually dramatic, I have been informed that individual response to treatment may vary and that no guarantees can be, or have been made, concerning expected results in my case.

The solution is injected with a small needle into the muscle. You see the benefits develop over the next two to eight days, with possible continued improvement up to two weeks. Risk of side effects and complications are minimal. Occasionally, slight swelling and/or bruising may occur and can persist for a few days after the injections. Rarely, an adjacent muscle may be weakened, which may result in temporary relaxation of the eye lid, or brow position. This condition is known as Ptosis and occurs in less than 4% of patient. I have been advised of the risks involved in such treatment, the expected benefits of such treatment, alternative treatments, including no treatment at all.

I agree that this constitutes full disclosures, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above, and that I have had sufficient opportunity for discussion and to ask questions.

_____

Patient Signature Date

_____

Staff Signature Date

CONSENT TO RECEIVE DERMAL FILLER INJECTION

Purpose and Background
As my patient, you have requested my administration of Dermal Filler used in the correction of moderate to severe facial wrinkles and folds. All medical and cosmetic procedures carry risks and may cause complications. The purpose of this document is to make you aware of the nature of the procedure, and its risks in advance, so that you can decide whether or not to go forward with the procedure.

Procedure
This product is administered via a syringe, or injection, into the area of the face sought to be filled with hyaluronic acid OR Calcium Hydroxyl Appetite to eliminate or reduce the wrinkles and folds. An anesthesia, numbing medicine used to reduce the discomfort of the injection, may or may not be used. The treatment site(s) is washed first with an antiseptic (cleansing) solution.

Dermal Filler is a gel that is injected under your skin into the tissue of your face using a thin gauge (30 G) needle. The depth of the injection(s) will depend on the depth of the wrinkle(s) and its location(s). Multiple injections might be made depending on the site, depth of the wrinkle, and technique used. Following each injection, the injector should gently massage the correction site to conform to the contour of the surrounding tissues. If the treated area is swollen directly after the injection, ice may be applied on the site for a short period.

Risks/Discomforts
Although a very tiny needle is used, common injection-related reactions could occur. These could include: some initial swelling, pain, itching, discoloration, bruising or tenderness at the injection site. You could experience increased bruising or bleeding at the injection site if you are using substances that reduce blood clotting such as aspirin or other non-steroidal anti-inflammatory drugs such as Advil. These reactions generally lessen or disappear within a few days, but may last for a week or longer.

As with all injections, this procedure carries the risk of infection. The syringe is sterile and standard precautions associated with injectable materials have been taken. Some visible lumps may occur temporarily following the injection. Some patients may experience additional swelling or tenderness at the injection site and in rare occasions, pustules might form. These reactions might last for as long as approximately two weeks, and in appropriate cases may need to be treated with corticosteroids or other therapy.

Restylane, Juvederm, Perlane, Expressions, Belotero, or Radiesse should not be used in patients who have a known hypersensitivity to these products, those with severe allergies, and should not be used in areas with active inflammation or infections (e.g., cysts, pimples, rashes or hives).

Most patients are pleased with the results of dermal filler. However, like any cosmetic procedure, there is no guarantee that you will be completely satisfied. There is no guarantee that wrinkles and folds will disappear completely, or that you will not require additional treatments to achieve the results you seek. While the effects of Restylane use can last longer than other comparable treatments, the procedure is still temporary. Additional treatments will be required periodically, generally within 6 months to one year, involving additional injections for the effect to continue. Radiesse may last up to 18 months however result duration can vary. After treatment, you should minimize exposure of the treated area to excessive sun or UV lamp exposure and extreme cold weather until any initial swelling or redness has gone away.

Consent
Your consent and authorization for this procedure is strictly voluntary. By signing this informed consent form, you hereby grant authority to your clinician to perform Facial Augmentation and Filler Therapy/Injection using Restylane, Juvederm, Perlane, Expressions, Belotero and/or Radiesse to administer any related treatment as may be deemed necessary or advisable in the diagnosis and treatment of your condition. The nature and purpose of this procedure, with possible alternative methods of treatment, as well as complications, have been fully explained to your satisfaction. No guarantee has been given by anyone as to the results that may be obtained by this treatment. I have read this informed consent and certify that I understand its contents in full.

Patient Signature Date

Staff Signature Date

Photograph Consent Form

Photographs:

I do_____ do not_____ (Please initial one)

give permission for photographs to be used by Youthology 101 for education purposes. Complete patient confidentiality will be maintained. Your name and other identifying information will be withheld from others.

_____ _____

Signature **Date**

_____

Printed Name