BOTOX, FILLERS, PEEL CONSULTATION

PATIENT DETAILS

NAME	D.O.B
ADDRESS	POSTCODE
MOBILE NO	HOME NO
GP NAME	GP ADDRESS
NEXT OF KIN NAME	
ADDRESS	

HISTORY

Desires Botox:	Frozen look	Natural look
Desires Fillers:	Nasolabial region	Marionette lines
Desires Skin:	Peel	
Vital (state reasons and areas)		
Previous fillers	Y/N	
Botox	Y/N	
Peels/Lasers/Resurfacing	Y/N	
Cold sores	Y/N – give prescription for aciclovir	
Allergies:	Y/N – list details	
Drug history:	Y/N – list medications	
Medical history:	Y/N – list past medical history (eg immune diseases, rheumatoid, etc)	
Other information:		

EXAMINATION ADVISED

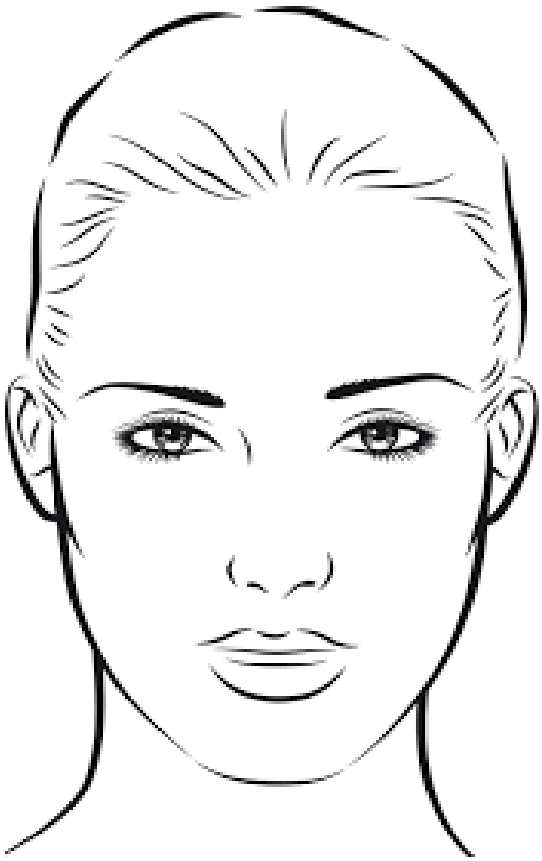
Dynamic lines present at: Glabella, Forehead, Crow's Feet, Nasolabia Lines, Other:
Static lines present at:
Volume loss present at:

TREATMENT (ALWAYS NOTE DOSAGES AND AMOUNTS USED)

FILLERS: Insert line on image where fillers used. Place manufacturers' filler labels

BOTOX: Insert either "x" for 4 units of botox or write down dose used on face

PEEL: Insert cross hatches for chemical peels. Note strength of peel here:



PRACTITIONER'S NOTE:

CLIENT'S SIGNATURE:

NAME: DATE:

PRACTITIONER'S SIGNATURE:

NAME: DATE: