



DERMAL FILLERS INTAKE FORM

Last name		Address
First name		
Middle name		
Gender		
Date of birth	Mon: Date: Year:	Postal code
Occupation		Home phone #
		Cell phone #
Emergency contact information		
	Name	Relationship
	Phone #	

Your Concerns – What areas would you like to get treated?

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Past Cosmetic Treatment History

	Yes	No		Yes	No
Botox			Permanent fillers		
Facial surgery			Juvederm products		
Permanent implants in the face			Skin tightening		

Are you pregnant or nursing? **YES** **NO**

Allergies

Past Medical History- Please list all of your current medical conditions.

Medications - Please list all of your current prescription, OTC and herbal products that you are taking.



RISKS OF DERMAL FILLERS: Every procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual’s choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your injector, to make sure you understand the risks, potential complications, and consequences of dermal fillers.

PAIN: Dermal fillers are injected into the skin using a fine needle or cannula to reduce injection discomfort. Your injector may choose to anesthetize the treatment area topically, along with the lidocaine that is in the filler. Please consult your physician about pain management. Tenderness is seen occasionally and is usually temporary, resolving in 2 to 3 days.

SKIN DISORDERS: It is common to have a temporary redness and swelling following a treatment. This will usually subside in the first few hours after a session, but may last for several days to a week. Minimize exposure of treated areas to excessive sunlight, UV lamp exposure, and extreme cold weather until any swelling and redness have disappeared. Avoid use of alcohol for the next 24 hours. While very rare, scarring can occur following treatment. Also, dermal fillers should not be used in patients with a known potential for keloid formation or heavy scarring. Some fillers may produce nodules under the skin which might be seen or felt by the patient. In rare cases, an inflammatory granuloma may develop, which could require surgical removal of the filler. Bleeding and bruising: Pinpoint bleeding is rare, but can occur following treatments. Bruising is seen on occasion following treatments. Rarely, bruising can last for weeks or months and might even be permanent. Patients using Aspirin, Ibuprofen, Advil, Motrin, Nuprin, Aleve, garlic, Ginkgo Biloba, Vitamin E, or blood thinners have an increased risk of bleeding or bruising at the injection site.

VASCULAR OCCLUSION: A blockage of the blood vessels can occur leading to tissue death and at the worst, blindness.

UNSATISFACTORY RESULTS: There is the possibility of a poor or inadequate response from dermal fillers. There might be an uneven appearance of the face with some areas more affected by the filler than others. In most cases this uneven appearance can be corrected by more injections in the same or nearby areas. In some cases, though, this uneven appearance can persist for several weeks or months. Although, good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

ALLERGIC REACTIONS: Dermal fillers should not be used in individuals with a known previous history of reactions. In rare cases, local allergies to tape, preservatives used in cosmetics or topical preparations have been reported. Systemic reactions (which are more serious) may result from prescription medicines.

INFECTION: Although infection following dermal filler injections is unusual, bacterial, fungal, and viral infections can occur. Additional treatments or antibiotics may be needed. Most cases are easily treatable but, in rare cases, permanent scarring in the area can occur. If you have a history of herpes simplex in the area to be treated, we recommend prophylactic antiviral medicines.

FINANCIAL RESPONSIBILITIES: Services rendered are the personal responsibility of the patient. If follow-up treatments are necessary, there will be additional charges at the regular rate. Additional costs of medical treatment would be the patient’s responsibility should complications develop from the dermal filler injections.

PREGNANCY: I am not aware that I am pregnant. I am not trying to get pregnant. I am not lactating (nursing).

I hereby authorize Dr. Brian Kim or Nicole Wiebe RN, to perform an injection of Dermal Filler. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained. I will follow all aftercare instructions to minimize the risk of complications. I consent to the photographing of the procedure(s) to be performed, provided my identity is not revealed by the pictures. It has been explained to me in a way that I understand: 1. The treatment or procedure to be undertaken. 2. There may be alternative procedures or methods or treatment. 3. There are risks, known and unknown, to the procedure or treatment proposed.

I acknowledge that I have read the foregoing consent and agree to the treatment with its associated risks. I give consent to perform this and all subsequent dermal filler treatments with the above understood. I hereby release Dr. Brian Kim , Nicole Wiebe RN, and Bruce Symons Professional Corporation from all liabilities associated with this procedure.

Patient Name

Patient Signature

Witness