

Health Consent Waiver

Please take fill in the following information. It is required before treatments to ensure your health and safety, and that treatments are tailored for you.

Personal Info

First Name *

Last Name *

Email *

Phone Number *

Address

What are your desired outcome from the treatment(s)?

Medical Questions

Do you have Diabetes? *

Yes

No

If you answered yes to Diabetes , please provide details

Enter text here

Have you had any recent surgeries within the last 6 months *

Yes

No

If you answered yes to Surgeries please provide details

Enter text here

Are you taking Antibiotics or other Prescription Medications? *

Yes

No

If you answered yes to Medications, please provide details

Enter text here

Do you have any known allergies or have ever had Anaphylaxis? *

Yes

No

If you answered yes to Allergies, please provide details

Enter text here

Do you have any active infection at the intended treatment site? *

Yes

No

If you answered yes to Infections, please provide details

Enter text here

Do you have any skin conditions? *

Yes

No

If you answered yes to Skin Conditions, please provide details

Enter text here

Are you pregnant, breastfeeding or have given birth in the last six months? *

Yes

No

Is there any other Medical History that we should know about?

Enter details here

Treatment Questions

Have you had Dermal Fillers before? *

Yes

No

If you answered Yes to Dermal Filler, did you experience any problems?

Enter details here

Are you going on holiday in the next 2 weeks?

Yes

No

Have you had Botulinum toxin (aka Botox) treatment before? *

Yes

No

If you answered yes to Botox treatments, was it more than 3 months ago

Yes

No

If you answered Yes to Botulinum, did you experience any problems?

Enter details here

Consent

Do you have any concerns, or anything else we should know?

Enter details here

I will retain this information throughout the course of my treatment and refer to it as required. *

Yes

No

(optional) I consent to treatment photos being used in marketing

(optional) I want to subscribe to the mailing list

I agree to the Terms & Conditions below *

Your Signature *

Clear

Submit

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