

**Mesotherapy Skin Rejuvenation**  
**Client Record**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_ Tel: \_\_\_\_\_

**Past History**

- Prior sensitivity
- Collagen disease
- Autoimmune disease
- Viral infections
- Medications \_\_\_\_\_
- Allergies
- Dermatitis
- Atopic skin reactions
- Eczema

**Products/treatments used**

- Electrolysis
- Prior Peel
- Microdermabrasion
- Retinol
- Masks
- Laser
- Exfoliator
- Roaccutane
- Depilatories

**Medical History**

Please complete the following questionnaire:

- 1.Are you pregnant or breast feeding?
- 2.Have you got a history of allergy/anaphylaxis?
- 3.Are you currently receiving medical treatment?
- 4.Current medication?
- 5.Have you ever had chemical peels/laser treatment?
- 6.If so, when was the last treatment?
- 7.Were there any problems?
- 8.Any skin infections?
- 9.Do you use retinol?
- 10.Details of any allergies?
- 11.Prescription acne treatments?
- 12.Sun screen?
- 13.How many hours do you spend in the sun/sunbeds?
- 14.Ro accutane?
- 15.Do you have a pacemaker?

**Exclusionary Criteria**

- Active herpes simplex (cold sores)
- Recent radiation
- Warts
- Recent wounds
- Hypertrophic/keyloid scars
- Recent cryotherapy
- Other

**Indications for treatment**

- Skin texture
- Surface laxness
- Skin brilliance
- Hyperpigmentation
- Pore size
- Fine wrinkles
- Acne scarring
- Skin tone
- Sun damage



## Patient consent for Mesotherapy

This product contains a cocktail of vitamins, minerals, amino acids and hyaluronic acid. It is designed to boost cell turnover, hydrate and provide essential supplements to the skin. It is delivered by a series of very superficial (barely breaking the skin), mirco-needling. The procedure at worst can be described as mildly uncomfortable.

☞ **Common side effects:**

☞ **Redness and flushing**

☞ **Swelling and pain**

☞ **Tenderness and itching**

☞ **Bruising and bleeding**

These typically resolve within minutes, sometimes hours and rarely days after treatment. Extremely rare side effects may include infections and ulceration.

I confirm that I am 18 years or older, and I am not pregnant or breastfeeding.

I understand that the practice of medicine and surgery is not an exact science and therefore that 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 the anticipated results will be achieved.

The procedure for mesotherapy has been explained to me by the practioner. I have read and understand the information given to me. I consent to undergo treatment.

Client Name:

Client Signature:

Therapist Signature:

Date:

