

**Juvederm / Surgiderm**  
**Patient Treatment Record**

Patient Name..... Date of  
Birth.....  
Address.....  
.....  
.....  
.....

Telephone  
No:.....  
.

G.P's Name:..... Next of Kin  
Name.....  
Address..... (Relationship to the  
patient).....

Address.....  
.....  
.....

Telephone No:..... Tel No.  
.....

List of previous or current cosmetic procedures (surgical and non surgical):  
.....  
.....

.....  
.....  
Please describe your skin

regime:.....  
.....  
.....

List any cosmetic procedures you may be interested in for future  
consideration:.....  
.....  
.....

Other

Notes.....  
.....  
.....

### **Medical History**

#### **Important questions to answer prior to treatment with Juvederm/Surgiderm**

- Have you had any history of anaphylactic reactions (severe reactions)? **Yes/No**
- Do you have a known sensitivity to lignocane (numbing agent commonly used by dentists or other doctors) or any anaesthetics? **Yes/No**
- Do you have a known hypersensitivity (allergy) to Hyaluronic acid or any other injectable cosmetic dermal filler? **Yes/No**
- Is there any possibility of pregnancy or are you breast feeding ? **Yes/No**
- Do you suffer from Herpes Simplex? **Yes/No**
- Do you have any acute or chronic skin disease in or near the area to which you require treatment? **Yes/No**

**If the answer to any of the above is yes, you are not a candidate for Juvederm /  
Surgiderm at this time of consultation**

- Are you taking steroids, aspirin or anticoagulants (medication to minimise blood clotting)? **Yes/No**
- Do you have a history of Auto Immune Disease? **Yes/No**
- Have you been treated with any other type of dermal filler? **Yes/No**
- If yes to the above question, how long ago was it?  
.....
- Any known allergies? **Yes/No**
- If yes to the above question, please state which allergies?  
.....

**Patient consent:**

**I have read and understood the patient information literature and advice sheets provided on this treatment. I have discussed the procedure with my practitioner. I consent to receive Juvederm/Surgiderm treatment and I understand that the result of the treatment is variable and that the outcome of the treatment cannot be guaranteed.**

**Patient's Signature:** ..... **Date:**.....

**Practitioner's Signature:** ..... **Date:**.....