CONSULTATION FORM FOR PLASMA TREATMENTS

PLEASE TAKE THE TIME TO READ THIS FORM CAREFULLY AND TO UNDERSTAND ANY ACCOMPANYING INFORMATION IF APPLICABLE.

PLEASE ANSWER ALL OF THE QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE

|  |
| --- |
| FULL NAME: |
| D.O.B: |
| ADDRESS: |
| MOBILE TEL NUMBER: |
| HOME TEL NUMBER: |
| EMAIL ADDRESS: |
| DOCTORS NAME: |
| DOCTORS ADDRESS: |
| DOCTORS TEL NUMBER: |

|  |  |  |
| --- | --- | --- |
| PLEASE TICK THE APPROPRIATE BOX | YES | NO |
| DO YOU HAVE ANY CURRENT OR CHRONIC MEDICAL ILLNESSES I SHOULD BE AWARE OF? IF YES, PLEASE STATE BELOW (FOR EXAMPLE- THYROID, HEART CONDITIONS, CANCER, CANCER WITHIN YOUR FAMILY, EPILEPSY, DIABETES) |  |  |
| DO YOU SUFFER WITH DIABETES? IF YES, IS IT CONTROLLED? |  |  |
| HAVE YOU HAD ANY MAJOR OR MINOR SURGERY? IF YES, PLEASE STATE BELOW: |  |  |
| ARE YOU TAKING ANY MEDICATION, HERBAL OR NATURAL SUPPLEMENTS, TOPICAL LOTIONS OR CREAMS ON A DAILY BASIS? (FOR EXAMPLE- ANTIBIOTICS, HORMONES (HRT), RETIN-A, GLYCOLIC LACTIC ACID, CONTRACEPTION) IF YES, PLEASE STATE BELOW: |  |  |
| ARE YOU TAKING BLOOD THINNERS SUCH AS WARFARIN? |  |  |
| DO YOU HAVE OR SUFFER WITH COLD SORES? |  |  |
| DO YOU HAVE OR HAVE YOU BEEN EXPOSED TO HIV (AIDS)? |  |  |
| HAVE YOU HAD ANY SEMI-PERMANENT MAKEUP, IMPLANTS OR TATTOOS? |  |  |
| ARE YOU PREGNANT OR BREASTFEEDING? |  |  |
| DO YOU GET NERVOUS OR TWITCHY? |  |  |
| DO YOU SUFFER WITH CLAUSTROPHOBIA? |  |  |
| DO YOU SUFFER WITH ACTIVE ACNE? |  |  |
| DO YOU SUFFER ROSACEA? |  |  |
| HAVE YOU EVER TAKEN ROACCUTANE OR ACCUNTANE? IF YES, PLEASE STATE WHEN: |  |  |
| DO YOU HAVE ANY ACTIVE SKIN INFECTIONS SUCH AS IMPETIGO? |  |  |
|  | YES | NO |
| DO YOU HAVE ANY RAISED LESIONS OR SCARRING? IF YES, PLEASE STATE WHERE: |  |  |
| DO YOU BRUISE EASILY? |  |  |
| DO YOU BLEED EASILY? |  |  |
| DOES YOUR SKIN FEEL TIGHT, DRY OR EVEN FLAKE? |  |  |
| DO YOU HAVE A PACEMAKER OR ECG/BLOOD MONITORING SYSTEM? |  |  |
| DO YOU HAVE ANY IMPLANTED ELECTRICAL DEVICES? |  |  |
| DO YOU HAVE ANY METAL IMPLANTS IN THE TREATMENT AREA? |  |  |
| DO YOU HAVE ANY SKIN PROBLEMS? |  |  |
| DO YOU HAVE ANY ONCOLOGICAL DISEASES? |  |  |
| DO YOU SUFFER WITH EPILEPSY? |  |  |
| DO YOU HAVE A PACEMAKER? |  |  |
| DO YOU SUFFER WITH VARICOUS VEINS? |  |  |
| HAVE YOU EVER EXPERIENCED PIGMENTATION DISORDERS SUCH AS MELASMA, CHLOASMA OR PORT WINE STAIN? |  |  |
| DO YOU HAVE ANY VASCULAR LESIONS SUCH AS VEINS OR BLOOD SPOTS? IF YES, PLEASE STATE WHERE: |  |  |
| DO YOU HAVE ANY BROKEN CAPILLARIES OR THREAD VEINS? IF YES, PLEASE STATE WHERE: |  |  |
| DO YOU BLUSH EASILY? |  |  |
| DO YOU SUFFER WITH HEAT RASH? |  |  |
| DO YOU SUFFER WITH ECZEMA OR DERMATITIS? IF YES, PLEASE STATE WHERE: |  |  |
| HAVE YOU HAD ANY SUN EXPOSURE IN THE LAST 4 WEEKS? IF YES, DID YOU BURN? |  |  |
| DO YOU CONSENT FOR THE THERAPIST TO USE BEFORE AND AFTER PHOTOS OF YOUR TREATMENT FOR ADVERTISING PURPOSES? INCLUDING SOCIAL MEDIA POSTS |  |  |

I …………………………………………………………………………………… CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE AND I HAVE ANSWERED ALL OF THE QUESTIONS ABOVE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IT IS SOLELY MY RESPONSIBILITY TO INFORM THE THERAPIST OF ANY CHANGES IN THE INFORMATION I HAVE GIVEN.

CLIENT NAME:

CLIENT SIGNATURE:

DATE:

THERAPIST NAME:

THERAPIST SIGNATURE:

DATE:

PLASMA PEN TREATMENT AFTERCARE

Swelling is a characteristic of this type of aesthetic procedure and it should be always expected after using voltaic plasma. This is because the area will be recovering from an intentional burn therefore the natural side effect is swelling.
Swelling can be minimised using [certain techniques](http://voltaicplasma.com/eyelid-tightening/#anddowntime) but never completely avoided, because a deliberate controlled burn has to be caused to the eyelids in order to induce the desired [localised skin tightening](http://voltaicplasma.com/skin-tightening/).

Although swelling is to be expected there is no reason to try and cure it because in all circumstances it will subside on its own accord.

The few adverse effects have been caused by the use of incorrect creams and products in order to minimise or “cure” the swelling. Please note that the swelling should not be cured because it is not a disease and it is a direct transient consequence of the controlled burn caused by the aesthetic treatment.

Healing process

Day 1. The Swelling peaks the day following the treatment there is the peak of swelling. Some clients might find it harder to open their eyes as soon as they get up in the morning the first day following the treatment. Gradually, throughout the day the swelling will subside slightly. Discomfort, pain and slight discharge can occur but this is normal.

Day 2. The swelling is the same or slightly less than the previous day (Day 1). The swelling peaks soon after waking up and subsides slightly throughout the day. Sometimes swelling also spreads to the eye-bags even if no plasma aesthetic treatment was carried out on the lower eyelids, this is normal because the upper eyelid communicates with the lower eyelid and some fluid inside the upper eyelid can spread to the eye bags. This is normal and this undesired swelling of the lower eyelid will subside over the following days.

Day 3. The swelling should start to subside noticeably and the spots where the electrical plasma was applied will start turning into scabs. The scabs must not be picked and should fall off on their own accord. The discomfort experienced during day 1 and day 2 should have subsided dramatically. No further pain should be experienced on the third day following the treatment. For those people who experience eye-bag swelling, this should still be present during the third day.

Day 4. No discomfort or pain should be felt fourth following the treatment. Some residual minor swelling can be still on the upper eyelids. No more pain or discomfort should be felt.

Day 5. All swelling should have subsided and some scabs may still be present. The minor swelling on the eye bags should have almost subsided.

Dy 6. The scabs should have started to fall off. In most cases during Day 6 people will struggle to tell whether any aesthetic treatment has ever been performed.

Day 7. Almost all scabs should have fallen off. At this point it is ok to start using total physical sun screen and apply make-up as usual.

Week 2. The area although has healed it may feel more tender to the touch than usual and people may experience a stinging sensation while applying creams or washing normally. The area may look pinker than usual.

Week 3 and 4. The area may be still slightly tender and pinker than the rest of the area.

Month 2. Tenderness should have subsided and area should have fully blended with the surrounding skin.

CLIENT NAME:

CLIENT SIGNATURE:

DATE:

After-care at home

The main principle to follow in the after-care is just minimising the likelihood of contracting any bacterial infection or scratching the area while the scabs have formed.

The Eyelid Tightening after-care during the three days while the swelling is present consists on:

Do’s

* Washing the area with neutral soap (there are several on the market) twice a day at night before going to sleep and in the morning immediately after getting up. Wash the area as gently as possible. Rinse profusely with cold water (do not use warm or hot water to rinse). Dry the area using a CLEAN towel, patting the area gently but never rubbing. Wash the eyelid area during the day only if the area had been exposed to dirt or dust.
* After washing use Aloe Vera gel or silver gel.

Don’ts

* Do not use make up of any type.
* Do not touch your eyelids (or the area treated in general) with your hands. In case of accidental rubbing using your hands wash the area immediately. As directed above.
* Do not use any creams of any types. The use of creams can lead to bacteria proliferation, delayed healing and some minor adverse effect. The use of inappropriate creams can lead to infections especially if used before the scabbing takes place.
* Swimming and sauna are not permitted until crusts fall off.

After-care while the area has scabbed

* Avoid picking the scabs
* Avoid sun exposure
* Avoid the use of any creams and make up.

After-care after the scabs has fallen off

The area will be slightly pink and sensitive. When applying creams you can have a stinging sensation.

* Apply total physical sun screen every day before going out in the sun.
* If using make-up, apply physical sunscreen on the area treated before applying the make-up
* Avoid deliberate direct sun exposure for at lead 3 months after the last treatment. Early sun exposure, even while you are wearing sunscreen can increase the likelihood of hyper-pigmentation.

PATIENT ONGOING CONSENT FORM

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Full name confirmed |  |  |
| D.O.B confirmed |  |  |
| Address confirmed |  |  |
| Any change in medical circumstances |  |  |
| Any new medication/supplements |  |  |
| Sun exposure in the last 4 weeks |  |  |
| Pregnancy |  |  |
| Have you even experienced and swelling, bruising, lumps or bumps from treatment |  |  |
| I consent to the treatment being carried out |  |  |
| Client sign date |
| Practitioner sign date |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Full name confirmed |  |  |
| D.O.B confirmed |  |  |
| Address confirmed |  |  |
| Any change in medical circumstances |  |  |
| Any new medication/supplements |  |  |
| Sun exposure in the last 4 weeks |  |  |
| Pregnancy |  |  |
| Have you even experienced and swelling, bruising, lumps or bumps from treatment |  |  |
| I consent to the treatment being carried out |  |  |
| Client sign date |
| Practitioner sign date |

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Full name confirmed |  |  |
| D.O.B confirmed |  |  |
| Address confirmed |  |  |
| Any change in medical circumstances |  |  |
| Any new medication/supplements |  |  |
| Sun exposure in the last 4 weeks |  |  |
| Pregnancy |  |  |
| Have you even experienced and swelling, bruising, lumps or bumps from treatment |  |  |
| I consent to the treatment being carried out |  |  |
| Client sign date |
| Practitioner sign date |