Practice / stamp

Medical History and Consent to Injectable Treatment

Client details

Full name

Date of birth

Phone

Date

PATIENT RECORD / CONSENT TO AESTHETIC MEDICINE TREATMENT

Absolute contraindications to injectable treatments

- Pregnancy and breastfeeding
- Autoimmune conditions (Hashimoto's, rheumatoid arthritis, lupus, multiple sclerosis)
- Malignant cancer (active or under treatment)
- Uncontrolled diabetes
- Active systemic inflammation, fever, cold
- Active cold sores or infected/acne lesions at the treatment site
- A tendency to form keloid scars
- Clotting disorders / blood-thinning medication
- Allergy to hyaluronidase, bee or wasp venom, egg protein or lidocaine
- Immunosuppressant medication (ciclosporin, methotrexate, azathioprine)
- A tendency to recurrent cold sores (for treatments around the mouth — aciclovir prophylaxis required)
- Permanent fillers at the treatment site (e.g. Aquamid)
- Dental treatment in the last 14 days
- Planned air travel within 72 hours of treatment
- Retinoids (isotretinoin, tretinoin) in the last 6 months

Please answer YES or NO to each question. Withholding information can lead to serious complications, including tissue necrosis and loss of vision.

Pregnant or breastfeeding?	☐ Yes	☐ No
Autoimmune conditions (Hashimoto's, rheumatoid arthritis, lupus, MS)?	☐ Yes	☐ No
Uncontrolled diabetes or cancer?	☐ Yes	☐ No
Active inflammation, fever, cold?	☐ Yes	☐ No
Active cold sores or infected lesions at the treatment site?	☐ Yes	☐ No
A tendency to keloid / hypertrophic scarring?	☐ Yes	☐ No
Clotting disorders or blood-thinning medication?	☐ Yes	☐ No
Allergy to: hyaluronidase, insect venom, egg protein, lidocaine?	☐ Yes	☐ No

Permanent fillers at the treatment site (e.g. Aquamid)?	☐ Yes	☐ No
Dental treatment in the last 14 days?	☐ Yes	☐ No
Planned air travel within 72 hours of treatment?	☐ Yes	☐ No
Retinoids (isotretinoin, tretinoin) in the last 6 months?	☐ Yes	☐ No
Are you taking immunosuppressant medication (ciclosporin, methotrexate, azathioprine)?	☐ Yes	☐ No
Do you suffer from recurring cold sores (especially around the mouth)?	☐ Yes	☐ No
Have you previously had botulinum toxin (Botox) treatment?	☐ Yes	☐ No

If YES — when was your last treatment?

Have you previously had complications from hyaluronic acid treatment?	☐ Yes	☐ No

List of all medication taken regularly

REGULATORY NOTICE (Finland): botulinum toxin (Botox) is a prescription-only medicine. It may only be injected on the basis of a doctor's prescription, by a doctor or by a nurse, public health nurse or midwife who has completed specific training, and a doctor or dentist must be immediately available on-site during the injection (Laki terveydenhuollon ammattihenkilöistä, 559/1994; Valvira/Lupa- ja valvontavirasto guidance). Dermal fillers such as hyaluronic acid are classified as medical devices, not medicines, and Finnish law does not currently restrict who may inject them — the Ministry of Social Affairs and Health has confirmed no such professional-qualification rule is in preparation, making Finland unusual among European countries in this respect. _____ nonetheless only uses staff trained and insured to perform the treatment you are booked for, regardless of what the law strictly requires.

⚠ IMPORTANT WARNING: Vascular occlusion (embolism from hyaluronic acid) can lead to TISSUE NECROSIS, LOSS OF VISION or STROKE. If occlusion is suspected, I consent to the immediate calling of emergency medical services or to being taken without delay to a hospital emergency department for the administration of hyaluronidase by an authorised doctor.

GDPR NOTICE — The data controller is _____, registered address: _____ , Business ID (Y-tunnus): _____. Because we must understand your health in order to treat you safely, we process that information — special category data — on the basis of your explicit, freely given consent (Article 9(2)(a) GDPR). Without that consent the treatment cannot go ahead. Your records are kept for 3 years from the end of the calendar year of treatment, reflecting the general limitation period under the Act on the Statute of Limitations for Debts (laki velan vanhentumisesta, 728/2003), and longer where a claim has been notified. Where the treatment is carried out as a health care procedure under the responsibility of a licensed health care professional — as Finnish law requires for botulinum toxin (Botox), a prescription-only medicine — the resulting documentation is patient documentation and the processing instead rests on Article 9(2)(h) GDPR. You have the right to access, rectify or erase your data, to restrict or object to processing, and to lodge a complaint with the Office of the Data Protection Ombudsman (tietosuoja.fi).

Date

Patient signature (consent and health questionnaire)

Aftercare Instructions and Emergency Protocol

AFTERCARE INSTRUCTIONS AND EMERGENCY (SOS) PROTOCOL — Read carefully and follow every point. Not doing so can lead to permanent complications or a life-threatening condition.

1. FOR 24 HOURS: do not touch or massage the injection area, do not apply make-up, and do not wash your face with soap over the injected area — use only a mild cleanser.

- [ ] I understand that I must not touch, massage or apply make-up to the area for 24 hours after treatment

2. FOR 48 HOURS: strictly no alcohol (worsens swelling, slows absorption), no strenuous physical activity, no sauna or hot baths.

- [ ] I agree to avoid alcohol and strenuous activity for 48 hours

3. FOR 14 DAYS: avoid sauna, sunbeds, temperatures below –5°C, dental treatment, intensive facial massage and treatments using electrical currents or ultrasound.

- [ ] I agree to avoid sauna, sunbeds, extreme cold and competing treatments for 14 days

4. BOTULINUM TOXIN (if used): for 4 hours after treatment do not bend forward or lie flat. For 24 hours avoid strenuous activity and sauna. Full effect develops after 10–14 days.

- [ ] I understand the aftercare instructions following botulinum toxin treatment (if applicable)

5. 🧯 EMERGENCY PROTOCOL — VASCULAR OCCLUSION: sudden BLANCHING or DISCOLOURATION of the skin, extreme pain, mottling, or loss of vision are WARNING SIGNS. Contact the practice or an emergency department IMMEDIATELY. Hyaluronidase works best when given as soon as possible, within the first hours — do not wait until the next day. For any change in your vision, call 112 straight away.

- [ ] I understand the emergency protocol: blanching of the skin, pain and visual disturbances require immediate contact with the practice or an emergency department
- [ ] *I give my informed consent to the proposed aesthetic medicine treatment, having been informed of its risks and alternatives*

REGULATORY NOTICE (Finland): treatment with botulinum toxin (Botox) was carried out under a doctor's prescription and with a doctor or dentist immediately available on-site, as Finnish law requires for this prescription-only medicine. Dermal filler treatment (e.g. hyaluronic acid), where given, was carried out to _____'s own professional and safety standard; Finnish law does not currently set a specific professional-qualification requirement for this treatment.

- [ ] *I give my voluntary consent to the processing of my health data for the purpose of assessing my suitability for treatment and carrying it out safely (Article 9(2)(a) GDPR)*

NOTICE: The practice will contact you regarding the monitoring of your health following the treatment, which is a legitimate interest of the data controller (Article 6(1)(f) GDPR). This does not require your consent.

- [ ] *MARKETING CONSENT: I give my free and unpaid consent for _____ to use and share photographs of my completed treatment (without showing my face or any identifying details) for promotional purposes, on official social media profiles (including Instagram and Facebook) and on the website. I may withdraw this consent at any time.*

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Date

Patient signature (aftercare instructions, emergency protocol and GDPR)