

Dermapen 4TM INFORMED CONSENT FORM DERMAPEN 4TM TREATMENT

DATE

DERMAPENTM CLINIC

PRACTITIONER

PATIENT DETAILS

FULL NAME DATE OF BIRTH

ADDRESS

TELEPHONE (M) (H) (W)

EMAIL ADDRESS

EMERGENCY CONTACT DETAILS

FULL NAME

RELATIONSHIP

TELEPHONE (M) (H) (W)

EMAIL ADDRESS

WHAT ARE YOUR PRIMARY SKIN CONCERNS THAT YOU WISH TO BE TREATED WITH DERMAPEN 4TM?

DO YOU HAVE ANY KNOWN ALLERGIES? (Eg. latex, metals, shellfish, nuts, penicillin, anaesthetic agents, P-aminobenzoic acid [PABA], sulphonamide allergies.)

ARE YOU CURRENTLY EXPERIENCING ANY OF THE FOLLOWING ACTIVE SKIN CONDITIONS?

- | | | |
|--|---|---|
| <input type="radio"/> Papulopustular rosacea | <input type="radio"/> Pemphigus/pemphigoid | <input type="radio"/> Undiagnosed / unusual moles |
| <input type="radio"/> Acne vulgaris stage III-IV | <input type="radio"/> Bacterial/fungal Infections | <input type="radio"/> Lupus erythematosus |
| <input type="radio"/> Herpes simplex | <input type="radio"/> Open lesions | <input type="radio"/> Collagen vascular diseases |
| <input type="radio"/> Dermatomyositis | <input type="radio"/> Solar keratosis | <input type="radio"/> Vitiligo |
| <input type="radio"/> Warts | <input type="radio"/> Skin cancer | <input type="radio"/> Keloid scars |
| <input type="radio"/> Scleroderma | <input type="radio"/> Psoriasis | <input type="radio"/> Other: |

HAVE YOU EVER EXPERIENCED ANY ADVERSE REACTION TO ANY FORM OF ANAESTHETIC?



ARE YOU CURRENTLY UNDER MEDICAL SUPERVISION FOR ANY OF THE FOLLOWING?

- Cardiac conditions/arrhythmia
- Auto-immune disorder
- Haemophilia
- Hepatic disease
- Human Immunodeficiency Virus (HIV)
- Pseudo cholinesterase deficiency
- Congenial or idiopathic methemoglobinemia
- Diabetes (type I or II)
- Cancer
- Atopy/allergies
- Other chronic illness

ARE YOU CURRENTLY PREGNANT OR BREASTFEEDING?

ARE YOU CURRENTLY TAKING (OR HAVE TAKEN IN THE LAST 3 MONTHS) ANY OF THE FOLLOWING MEDICATIONS OR SUPPLEMENTS? (Please tick.)

- Isotretinoin (including but not limited to Roaccutane®/Accutane®/Isotane®)
- Anti-coagulants/blood thinners (including but not limited to Warfarin, aspirin, or immunosuppressant medications)
- Photo-sensitisers (including but not limited to anti-depressants/anti-anxieties/antibiotics)
- Contraceptive pill
- Fish oils/plant oils/omega 3s
- Ginseng/gingko biloba/St John's wort

HAVE YOU HAD ANY OF THE FOLLOWING PROCEDURES IN THE LAST 2 WEEKS ON THE AREA TO BE TREATED WITH DERMAPEN 4™? (Please tick.)

- Plastic/cosmetic surgery
- Botulinum toxin/BTX/muscle relaxant/wrinkle reduction injections (including but not limited to Botox®/Vistabel®, Dysport™/Azzalure™ Xeomin®/Bocouture®)
- Long-term/semi -permanent injectables (including but not limited to Aquamid®, Sculptra®, Artefill®)
- Microdermabrasion
- Derma blading/derma planing
- Laser/IPL rejuvenation/hair removal
- Tattooing/cosmetic tattooing
- Electrolysis/diathermy
- Radio Frequency (RF) skin tightening
- Dermal fillers (including but not limited to Juvederm®, Restylane®, Teosyal®, Princess®, Stylage®, Esthelis®, Radiesse®, Belotero®, Captique®)
- Photo dynamic therapy (PDT)
- Chemical peel (including but not limited to glycolic acid, lactic acid, mandelic acid or salicylic acid)
- Dermabrasion
- Deep chemical peel
- Hair removal (including but not limited to waxing, sugaring, plucking, threading or depilatory cream)
- Spray/self-tanning

HAVE YOU USED ANY PRODUCTS CONTAINING ANY OF THE FOLLOWING INGREDIENTS ON THE AREA TO BE TREATED WITH DERMAPEN 4™ IN THE LAST WEEK? (Please tick.)

- Resurfacing agents (including but not limited to alpha-hydroxy-acids, salicylic acid)
- Retinoids/retinoid-like agents (including but not limited to tretinoin/retinoic acid, tazarotene, adapalene, retinol)
- Antimicrobial agents (including but not limited to benzoyl peroxide, isopropyl alcohol)
- Bleaching/depigmenting agents (including but not limited to Kligman's Formula, hydroquinone)
- Brand/product details:

CONSENT

I,, have completed the Dermapen 4™ Treatment Consultation & Consent Form honestly and to the best of my knowledge. My Dermapen 4™ Authorised Treatment has thoroughly explained to me:

- What a Dermapen 4™ treatment is
- How a Dermapen 4™ treatment works
- Expected outcomes of my Dermapen 4™ treatment
- Dermapen 4™ treatment contraindications and considerations
- Anaesthesia protocols - pros and cons
- Post-op care with Dp Dermaceuticals™

I understand that a course of Dermapen 4™ treatments will be required for optimum results.

PATIENT SIGNATURE

DERMAPEN 4™ ATP SIGNATURE

PATIENT NAME (printed)

DERMAPEN 4™ ATP NAME (printed)

DATE

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