

Client Consultation Form: Botox and Dermal Filler Treatments

Practitioner Details

- Name: Your Name
- JCCP Registration Number: Your Number
- Date: DD/MM/YYYY

Client Details

- Full Name:
- Date of Birth:
- Age:
- Contact Number:
- Address:

Medical History

- Allergies:
- Current Medications:
- Previous Aesthetic Treatments:
- Medical Conditions (e.g., autoimmune, neurological):
- Psychological History (e.g., body dysmorphic disorder):

Treatment Details

- Procedure(s): ☐ Botox ☐ Dermal Fillers ☐ Combination
- Treatment Areas:
- Products Used: [e.g., Juvederm, Botox]
- Expected Outcomes:
- Risks Discussed: [e.g., bruising, vascular occlusion]

Consent

I confirm that:

- I am 18 or older.
- The risks, benefits, and alternatives have been explained.
- I consent to the treatment and photography for records.

- Client Signature: _____
- Date: DD/MM/YYYY

Practitioner Notes

- Psychological Screening: [e.g., No concerns noted]
- Treatment Plan:
- Follow-Up: [e.g., 2 weeks post-treatment]

Compliance

This consultation complies with the 2025 England licensing scheme (face-to-face requirement) and GMC/NMC ethical standards.