Complete Professional Templates for New Aestheticians

UK Regulatory Compliance Documentation Package

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Patient Consultation & Assessment Templates

1. Comprehensive Patient Consultation Form

CONFIDENTIAL PATIENT CONSULTATION FORM [CLINIC NAME] - AESTHETIC TREATMENTS

Date: _____ **Practitioner:** _____ **Patient ID:** _____

Personal Details

Full Name: _____ **Date of Birth:** _____ **Age:** _____ **Address:** _____ **Phone:** _____ **Email:** _____ **Emergency Contact:** _____ **GP Details:** _____ **Preferred Communication:** Phone/Email/Text

Medical History Assessment

Current Medical Conditions: ☐ Diabetes ☐ Heart Disease ☐ Blood Disorders ☐ Autoimmune Conditions ☐ Liver Disease ☐ Kidney Disease ☐ Neurological Conditions ☐ Mental Health Conditions ☐ Pregnancy/Breastfeeding ☐ None ☐ Other: _____

Current Medications & Supplements: ☐ Blood thinners ☐ Antibiotics ☐ Steroids ☐ Immunosuppressants ☐ Antidepressants ☐ Pain medications ☐ Vitamins/supplements ☐ Contraceptive pill ☐ HRT ☐ None **Full List:** _____

Previous Aesthetic Treatments: ☐ Botox ☐ Dermal Fillers ☐ Chemical Peels ☐ Laser Treatments ☐ Microneedling ☐ Thread Lifts ☐ Surgery ☐ None **Details & Dates:** _____ **Any Complications:** _____

Lifestyle & Skin Assessment

Smoking Status: Never/Former/Current (_____ per day) **Alcohol Consumption:** Units per week: _____ **Sun Exposure/Tanning:** Regular/Occasional/Minimal **Skincare Routine:** _____ **Allergies (All Types):** _____ **Skin Sensitivity:** High/Medium/Low

Psychological Screening (Mandatory under 2025 Licensing)

Body Dysmorphic Disorder Screening:

1. Do you spend excessive time worrying about perceived flaws? Yes/No
2. Has anyone suggested your concerns about appearance are excessive? Yes/No
3. Do appearance concerns significantly impact daily life? Yes/No **Score:** ___/3 (Score ≥2 requires further assessment/referral)

Treatment Motivation Assessment: Why are you seeking this treatment? _____ **What are your expectations?** _____ **Have you felt pressured by others?** Yes/No **Mental Health Status:** Stable/Concerns identified

Physical Examination

Skin Type (Fitzpatrick): I/II/III/IV/V/VI **Skin Condition:** Excellent/Good/Fair/Poor **Treatment Area Assessment:**

- **Skin quality:** _____
- **Muscle activity:** _____
- **Volume loss:** _____
- **Skin laxity:** _____
- **Asymmetry:** _____

Photographs Taken: Yes/No **Consent for photos:** Yes/No **Areas photographed:** _____

Risk Assessment

High-Risk Indicators: ☐ Pregnancy/breastfeeding ☐ Active infection ☐ Bleeding disorders ☐ Immunocompromised ☐ Unrealistic expectations ☐ BDD concerns ☐ Recent facial surgery ☐ Keloid scarring tendency

Risk Level: Low/Medium/High **Action Required:** Proceed/Refer/Delay

Practitioner Signature: _____ **Date:** _____ **Patient Signature:** _____

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2. Treatment Suitability Assessment Matrix

TREATMENT SUITABILITY MATRIX Patient: _____ **Date:** _____

Procedure Risk Classification (2025 Licensing Scheme)

Treatment	Tier	Practitioner Requirements	Patient Factors	Suitable Y/N	Notes
GREEN TIER (Low Risk)					
Superficial Chemical Peel	Green	Level 4+ Beauty Therapist	No contraindications	☐ Yes ☐ No	
Microneedling <1mm	Green	Trained non-medical	Stable skin	☐ Yes ☐ No	
Laser Hair Removal	Green	Laser certification	Suitable skin type	☐ Yes ☐ No	
AMBER TIER (Medium Risk)					
Dermal Fillers	Amber	Medical/supervised non-medical	Face-to-face consultation req'd	☐ Yes ☐ No	
Anti-wrinkle Injections	Amber	Medical qualification	No neuromuscular disorders	☐ Yes ☐ No	
Deep Chemical Peels	Amber	Medical supervision	Pre-conditioning required	☐ Yes ☐ No	
RED TIER (High Risk)					
Thread Lifts	Red	Qualified health professional	CQC-registered premises	☐ Yes ☐ No	
PDO/PCL Threads	Red	Medical practitioner	Suitable anatomy	☐ Yes ☐ No	

Contraindication Screening

Category	Assessment	Status	Action
Absolute Contraindications			
Pregnancy/breastfeeding	Confirmed status	Clear/Contraindicated	
Active infection at site	Clinical examination	Clear/Contraindicated	
Bleeding disorders	Medical history	Clear/Contraindicated	
Relative Contraindications			
Autoimmune conditions	History & stability	Stable/Unstable	
Anticoagulant medication	Current medications	Risk assessed	
Recent treatments	Timeline review	Appropriate/Too recent	

Final Assessment

Overall Risk Level: Green/Amber/Red **Treatment Recommended:** _____ **Prerequisites Required:** _____ **Follow-up Needed:** _____

Assessor: _____ **Date:** _____

Consent & Legal Documentation

3. Comprehensive Treatment Consent Form

INFORMED CONSENT FOR AESTHETIC TREATMENT [TREATMENT NAME]

Patient Name: _____ **Date:** _____ **Practitioner:** _____

Treatment Information

Procedure: _____ **Product/Equipment:** _____ **Treatment Area(s):** _____ **Number of Sessions:** _____ **Cost:** £_____

Procedure Description

What the treatment involves: [Detailed description of the procedure, including how it works, what will happen during treatment, expected duration]

Expected Results:

- Typical outcomes and timeline
- Individual variation in results
- Temporary vs permanent effects
- Need for maintenance treatments

Risks and Potential Complications

Common Side Effects (>10% patients): ☐ Temporary swelling ☐ Bruising ☐ Redness ☐ Tenderness ☐ Mild pain/discomfort ☐ Temporary numbness **Duration:** Usually resolve within 24-48 hours

Less Common Side Effects (1-10% patients): ☐ Prolonged swelling (>1 week) ☐ Infection ☐ Asymmetry ☐ Over/under correction ☐ Nodules/lumps ☐ Skin changes **Duration:** May require additional treatment

Rare but Serious Complications (<1% patients): ☐ Vascular occlusion ☐ Nerve damage ☐ Scarring ☐ Blindness (injection near eyes) ☐ Allergic reactions **Action:** Immediate medical attention required

Specific Warnings

This treatment may not be suitable if you:

- Are pregnant or breastfeeding
- Have active skin infections
- Have bleeding disorders
- Have autoimmune conditions
- Have unrealistic expectations
- Are under 18 years old

Pre and Post-Treatment Instructions

Before Treatment: ☐ Avoid alcohol 24 hours prior ☐ Avoid blood-thinning medications (if medically safe) ☐ Arrive with clean, makeup-free skin ☐ Inform practitioner of any changes to health/medications

After Treatment: ☐ Avoid touching/massaging area for 24 hours ☐ No strenuous exercise for 24-48 hours ☐ Avoid heat/sun exposure for 48 hours ☐ No makeup for 12 hours (if applicable) ☐ Sleep elevated for first night (facial treatments)

Financial Information

Total Cost: £_____ **Payment Method:** _____ **Cancellation Policy:** 48 hours notice required **Refund Policy:** No refunds after treatment commenced

Patient Consent Declarations

☐ **I confirm** that I have read and understood all information provided ☐ **I confirm** that all medical history and medications disclosed are accurate ☐ **I confirm** that I have had the opportunity to ask questions ☐ **I confirm** that all my questions have been answered satisfactorily ☐ **I understand** the risks and potential complications ☐ **I understand** that results cannot be guaranteed ☐ **I understand** that additional treatments may be needed ☐ **I consent** to photographs being taken for my medical records ☐ **I consent** to this treatment being performed by [Practitioner Name]

Alternative Treatments Discussed: _____ **Cooling-Off Period:** I understand I have 14 days to cancel (distance selling regulations)

Consent for Photography

☐ **I consent** to photographs for medical records (mandatory) ☐ **I consent** to photographs for training purposes (optional) ☐ **I consent** to photographs for marketing (optional, can be withdrawn) ☐ **I do not consent** to any photography beyond medical records

Emergency Contact Authorization

I authorize [Clinic Name] to contact my emergency contact and/or GP in case of complications: **Emergency Contact:** _____ **GP Details:** _____

Signatures

Patient Signature: _____ **Date:** _____ **Patient Name (Print):** _____

Practitioner Signature: _____ **Date:** _____ **Practitioner Name:** _____ **Registration Number:** _____

Witness Signature (if required): _____ **Date:** _____

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4. Under-18 Treatment Prohibition Notice

TREATMENT POLICY - UNDER 18 YEARS [CLINIC NAME]

Legal Notice - 2025 Licensing Scheme Compliance

COSMETIC TREATMENTS PROHIBITED FOR UNDER-18s

In accordance with the Health and Care Act 2022 and the 2025 licensing scheme for non-surgical cosmetic procedures in England:

WE DO NOT PROVIDE the following treatments to anyone under 18 years of age:

- Botulinum toxin injections (Botox)
- Dermal fillers
- Chemical peels (medium/deep)
- Laser treatments for cosmetic purposes
- Thread lifts
- Any cosmetic injectable treatments

Exceptions (Medical Treatments Only)

The following may be provided to under-18s **ONLY** with:

- Medical indication (not cosmetic)
- Parental consent
- Medical practitioner assessment
- Multi-disciplinary team approval where appropriate

Examples:

- Hyperhidrosis treatment (excessive sweating)
- Facial palsy rehabilitation
- Scarring from medical conditions
- Congenital conditions affecting appearance

Age Verification Policy

ALL patients must provide valid ID:

- Passport
- Driving license
- Birth certificate (with photo ID)

If unable to verify age 18+, treatment will be refused

For Parents/Guardians

If you believe your child requires medical aesthetic treatment:

1. Consult your GP first
2. Obtain medical referral if appropriate
3. Seek treatment through medical practitioner
4. Consider non-invasive alternatives (skincare, etc.)

Legal Consequences

Providing cosmetic treatments to under-18s may result in:

- Criminal prosecution
- Professional registration removal
- Clinic closure
- Personal liability for damages

This policy is non-negotiable and applies to all staff

Policy Effective Date: [Date] **Review Date:** [Date] **Signed:** [Senior Practitioner/Clinic Manager]

Treatment Planning & Records

5. Treatment Planning & Prescription Template

TREATMENT PLAN & PRESCRIPTION Patient: _____ Plan Date: _____ Practitioner: _____

Patient Assessment Summary

Primary Concern: _____ **Secondary Concerns:** _____ **Patient Goals:** _____
Contraindications: None/_____ **Risk Level:** Low/Medium/High

Recommended Treatment Plan

Phase 1: [Timeline]

Treatment	Area	Product/Dose	Sessions	Interval	Cost

Phase 2: [Timeline]

Treatment	Area	Product/Dose	Sessions	Interval	Cost

Maintenance Plan:

- Frequency: _____
- Estimated annual cost: £_____
- Review intervals: _____

Product Prescriptions (Medical Practitioners Only)

Prescription 1:

- **Product:** _____
- **Batch Number:** _____
- **Expiry Date:** _____
- **Dose/Volume:** _____
- **Injection Points:** _____
- **Technique:** _____

Prescription 2:

- **Product:** _____
- **Batch Number:** _____
- **Expiry Date:** _____
- **Dose/Volume:** _____
- **Application Method:** _____

Realistic Expectations Setting

Timeline for Results:

- Initial results: _____
- Peak results: _____
- Duration: _____

What to Expect:

- Improvement level: ___% realistic
- Maintenance required: Yes/No
- Future treatments needed: _____

Discussed Limitations:

- Cannot achieve: _____
- May require additional: _____
- Individual variation: Explained

Alternative Options Discussed

Non-treatment options: _____ **Alternative procedures:** _____ **Surgical options:** _____ **Patient choice rationale:** _____

Next Steps

Treatment Date: _____ **Pre-treatment requirements:** _____ **Follow-up appointments:** _____ **Review date:** _____

Practitioner Signature: _____ **Date:** _____ **Patient Agreement:** _____

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6. Treatment Record Template

TREATMENT RECORD Session Number: _____ of _____ **Date:** _____ **Time:** _____

Pre-Treatment Check

Patient Identity Confirmed: Yes/No **Consent Valid:** Yes/No **Health Status Changes:** None/_____ **Medications Changes:** None/_____ **Contraindications Review:** Clear/_____

Treatment Details

Procedure: _____ **Practitioner:** _____ **Assistant:** _____ **Location/Room:** _____

Products Used:

Product	Batch	Expiry	Volume/Amount	Area Applied

Equipment Used:

Equipment	Serial No.	Calibration Date	Settings	Cleaned/Sterilized

Procedure Documentation

Pre-procedure Photos: Taken/Not required **Anaesthesia:** None/Topical/Injectable **Technique Used:** _____ **Injection Points:** _____ **Depth:** _____ **Volume per Point:** _____

Timeline:

- Start time: _____
- End time: _____
- Duration: _____ minutes

Immediate Post-Treatment Assessment

Immediate reaction: None/Mild/Moderate **Bleeding:** None/Minimal/Controlled **Swelling:** None/Mild/Moderate/Severe **Patient comfort:** Good/Fair/Poor **Immediate complications:** None/_____

Post-treatment Photos: Taken/Not required **Aftercare instructions given:** Yes **Emergency contact provided:** Yes **Follow-up arranged:** _____

Patient Feedback

Pain level (0-10): _____ **Satisfaction with process:** High/Medium/Low **Concerns raised:** None/_____ **Questions asked:** _____

Next Appointment

Date: _____ **Purpose:** Review/Top-up/Maintenance/New treatment **Special instructions:** _____

Practitioner Signature: _____ **Date:** _____ **Time:** _____

Health & Safety Compliance

7. Infection Control Checklist

DAILY INFECTION CONTROL CHECKLIST Date: _____ **Practitioner:** _____

Personal Hygiene & PPE

☐ Hand hygiene performed before patient contact
☐ Clean clinical uniform worn
☐ Hair tied back appropriately
☐ No jewellery on hands/wrists
☐ Gloves changed between patients
☐ Face mask worn when required
☐ Eye protection available

Equipment Sterilisation

Reusable Equipment: ☐ Pre-cleaning completed ☐ Ultrasonic cleaning cycle run ☐ Autoclave sterilisation completed ☐ Sterilisation indicators checked ☐ Equipment stored in sterile pouches ☐ Expiry dates on sterile items checked ☐ Sterilisation log completed

Single-Use Items: ☐ New needles used for each patient ☐ Cannulas disposed of after single use ☐ Gauze and cotton pads single-use only ☐ Alcohol wipes single-use ☐ Gloves single-use per patient

Workspace Cleaning

☐ Treatment bed cleaned and disinfected
☐ Work surfaces wiped with approved disinfectant
☐ Equipment trolley sanitised
☐ Floor mopped with disinfectant
☐ Bins emptied and liners replaced
☐ Sharps containers checked (not >3/4 full)

Product Safety

☐ All products within expiry dates
☐ Storage temperatures monitored
☐ Batch numbers recorded
☐ Product packaging intact
☐ Dilutions prepared fresh
☐ Multi-dose vials dated when opened

Waste Management

☐ Clinical waste segregated correctly
☐ Sharps disposed of immediately after use
☐ Pharmaceutical waste separated
☐ Bags sealed when 2/3 full
☐ Waste collection scheduled
☐ Waste transfer notes completed

Documentation

☐ Infection control policies accessible
☐ COSHH sheets available for all products
☐ Cleaning schedules up to date
☐ Equipment maintenance logs current
☐ Staff training records current

Issues Identified

Problems noted: _____ Action taken: _____ Follow-up required: _____

Completed by: _____ Signature: _____ Time: _____

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8. Risk Assessment Template

COMPREHENSIVE RISK ASSESSMENT Treatment: _____ Location: _____ Date: _____ Assessor: _____

Patient Risk Factors

Risk Factor	Present	Severity	Mitigation Required	Action Taken
Medical History				
Bleeding disorders	Y/N	L/M/H		
Autoimmune conditions	Y/N	L/M/H		
Previous complications	Y/N	L/M/H		
Medication interactions	Y/N	L/M/H		
Psychological Factors				
Unrealistic expectations	Y/N	L/M/H		
BDD screening positive	Y/N	L/M/H		
External pressure	Y/N	L/M/H		
Treatment Factors				
First-time patient	Y/N	L/M/H		
Complex procedure	Y/N	L/M/H		
High-risk area	Y/N	L/M/H		

Environmental Risk Assessment

Hazard	Risk Level	Control Measures	Residual Risk
Equipment Hazards			
Sharps injury	H	Sharps policy, training	L
Equipment malfunction	M	Regular servicing, backup	L
Electrical safety	L	PAT testing, training	L
Chemical Hazards			
Product spillage	M	COSHH procedures, PPE	L
Allergic reactions	M	Patch testing, emergency kit	L
Biological Hazards			
Cross-infection	H	Infection control protocols	L
Blood-borne viruses	M	PPE, vaccination, protocols	L

Emergency Preparedness

Emergency Type	Likelihood	Preparedness Level	Resources Available
Allergic reaction	Low	High	Adrenaline pen, emergency kit
Vascular occlusion	Very Low	High	Hyaluronidase, emergency protocol
Vasovagal reaction	Medium	High	Recovery position, monitoring
Equipment failure	Low	Medium	Backup equipment, maintenance

Overall Risk Assessment

Patient Risk Level: Low/Medium/High **Environmental Risk:** Low/Medium/High **Overall Treatment Risk:** Low/Medium/High

Risk Acceptable: Yes/No **Additional Precautions Required:** _____ **Treatment Approved:** Yes/No/Defer

Assessor Signature: _____ **Date:** _____ **Review Date:** _____

Business Operations Templates

9. Client Journey & Service Menu

CLIENT JOURNEY MAP [CLINIC NAME] - PROFESSIONAL AESTHETICS

Service Portfolio (2025 Compliant)

GREEN TIER TREATMENTS (Level 4+ Qualified)

Treatment	Duration	Price	Maintenance	Suitable For
Skin Rejuvenation				
Superficial Chemical Peel	45 mins	£120-180	Monthly	All skin types
Microneedling (0.5-1mm)	60 mins	£150-250	4-6 weeks	Acne scarring, texture
HydraFacial	60 mins	£180-280	Monthly	Maintenance, events
Hair Removal				
Laser Hair Removal (per area)	30-60 mins	£80-200	6-8 sessions	All skin types I-VI
IPL Hair Removal	30-45 mins	£60-150	6-8 sessions	Skin types I-III
Body Treatments				
Radiofrequency Body	60 mins	£200-400	Weekly x6	Skin tightening
Cryolipolysis	60 mins	£400-800	Single/series	Fat reduction

AMBER TIER TREATMENTS (Medical Supervision Required)

Treatment	Duration	Price	Maintenance	Suitable For
Injectable Treatments				
Anti-wrinkle Injections	30 mins	£200-400	3-6 months	Dynamic lines
Dermal Fillers (face)	45-60 mins	£300-800	6-18 months	Volume loss
Profhilo/Biostimulators	30 mins	£350-450	6 months	Skin quality
Advanced Skin Treatments				
Medium Chemical Peels	60 mins	£250-400	3-6 months	Pigmentation, scarring
Medical Microneedling	60 mins	£300-500	4-6 weeks	Deep scarring

RED TIER TREATMENTS (Medical Practitioners Only - CQC Setting)

Treatment	Duration	Price	Maintenance	Suitable For
PDO Thread Lifts	90 mins	£800-1500	12-18 months	Facial lifting
Cannula Technique Fillers	60 mins	£400-900	6-18 months	Advanced volume

Client Journey Stages

Stage 1: Initial Enquiry

- Response time: <2 hours during business hours
- Information provided: Treatment options, pricing, booking
- Qualification questions: Age verification, basic suitability
- Booking system: Online/phone with automatic confirmations

Stage 2: Pre-Consultation (Mandatory for Amber/Red Tier)

- Health questionnaire completion (online/phone)
- Medical history review
- Expectation management
- Cooling-off period information (14 days)
- Face-to-face consultation booking (mandatory from June 2025)

Stage 3: Face-to-Face Consultation

- Duration: 30-60 minutes
- Medical assessment and physical examination
- Treatment planning and realistic expectation setting
- Written treatment plan provided
- 14-day cooling-off period starts
- No same-day treatment for new patients (Amber/Red tier)

Stage 4: Treatment Day

- Identity confirmation and consent review
- Pre-treatment photography
- Treatment delivery with ongoing consent checks
- Post-treatment care and instructions
- Follow-up appointment booking

Stage 5: Aftercare & Follow-up

- 24-48 hour check-in call/message
- 2-week review appointment
- Complication monitoring
- Satisfaction survey
- Maintenance treatment planning

Pricing Strategy & Packages

Individual Treatment Pricing:

- Market research-based competitive pricing
- Premium positioning for medical-grade treatments
- Transparent pricing with no hidden costs
- Payment plans available for treatments >£500

Package Options:

- **Maintenance Package:** 20% discount for advance booking series
- **Combination Package:** 15% discount for multiple treatments
- **Loyalty Programme:** Points system for regular clients
- **Referral Rewards:** £50 credit for successful referrals

Service Standards

- **Consultation:** Always free for new clients
- **Cancellation:** 48 hours notice required
- **Refund Policy:** Clear terms aligned with Consumer Rights Act
- **Complaint Resolution:** 48-hour initial response guarantee

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10. Financial Management Templates

FINANCIAL MANAGEMENT DASHBOARD Month: _____ Year: _____

Revenue Tracking

Monthly Revenue by Service Category

Category	Treatments	Revenue	Average/Treatment	% of Total
Green Tier Treatments		£	£	%
Amber Tier Treatments		£	£	%
Red Tier Treatments		£	£	%
Consultations		£	£	%
Products/Aftercare		£	£	%
TOTAL		£	£	100%

Daily Revenue Tracking

Date	Treatments	Revenue	Notes
		£	

Key Performance Indicators

- **Average Transaction Value:** £_____
- **Treatments per Day:** _____
- **Conversion Rate (Consultation to Treatment):** ____%
- **Client Retention Rate:** ____%
- **No-Show Rate:** ____%

Expense Management

Fixed Monthly Costs

Category	Amount	Notes
Rent/Mortgage	£	
Insurance (Professional Indemnity)	£	
Insurance (Public Liability)	£	
CQC Registration	£	
Professional Registrations	£	
Equipment Leasing	£	
Utilities	£	
Marketing/Website	£	
TOTAL FIXED	£	

Variable Costs

Category	Amount	% of Revenue	Notes
Product Costs	£	%	
Equipment Consumables	£	%	
Waste Disposal	£	%	
Laundry/Cleaning	£	%	
Continuing Education	£	%	
TOTAL VARIABLE	£	%	

Profitability Analysis

Gross Revenue: £_____ **Total Expenses:** £_____ **Net Profit:** £_____ **Profit Margin:** _____%

Break-Even Analysis:

- Fixed costs per month: £_____
- Average profit per treatment: £_____
- Treatments needed to break even: _____
- Current treatment volume: _____
- Variance from break-even: +/-_____

Tax Planning (UK)

VAT Status: Registered/Exempt/Below threshold **VAT Due:** £_____ **Corporation Tax Provision:** £_____ **Income Tax/NI (Sole Trader):** £_____

Cash Flow Management

Current Balance: £_____ **Accounts Receivable:** £_____ **Accounts Payable:** £_____ **Working Capital:** £_____

Next Month Forecast:

- Expected Revenue: £_____
- Planned Expenses: £_____
- Net Cash Flow: £_____

Action Items

Growth Opportunities:

1. _____
2. _____
3. _____

Cost Reduction Opportunities:

1. _____
2. _____
3. _____

Financial Goals for Next Quarter:

- Revenue target: £_____
- Profit margin target: ____%
- New client target: _____

Professional Development & CPD

11. Continuing Professional Development Log

CPD RECORD - [YEAR] Practitioner: _____ Registration Number: _____ Required CPD Hours: 10-20 hours annually (JCCP requirement)

CPD Activity Log

Date	Activity Type	Provider	Duration	CPD Points	Topics Covered	Certificate
	Workshop		hrs			Y/N
	Conference		hrs			Y/N
	Online Course		hrs			Y/N
	Peer Review		hrs			Y/N
	Journal Reading		hrs			Y/N
	Research Project		hrs			Y/N

Annual Total: _____ hours **Required:** _____ hours **Status:** Met/Not Met

Mandatory CPD Areas (JCCP Requirements)

Area	Required	Completed	Evidence
Clinical Skills	✓	Y/N	
Anatomy updates			
New techniques			
Complication management			
Regulatory Updates	✓	Y/N	
2025 licensing scheme			
Professional guidelines			
Health and safety			
Ethical Practice	✓	Y/N	
Consent procedures			
Psychological screening			
Professional boundaries			

Personal Development Planning

Current Year Goals:

1. **Clinical Goal:** _____
   - **Action Steps:** _____
   - **Timeline:** _____
   - **Outcome:** _____
2. **Professional Goal:** _____
   - **Action Steps:** _____
   - **Timeline:** _____
   - **Outcome:** _____
3. **Business Goal:** _____
   - **Action Steps:** _____
   - **Timeline:** _____
   - **Outcome:** _____

Reflection & Learning Outcomes

Quarter 1 Review: Key Learning: _____ **Skills Developed:** _____ **Challenges Faced:** _____ **Areas for Improvement:** _____

Quarter 2 Review: Key Learning: _____ **Skills Developed:** _____ **Challenges Faced:** _____ **Areas for Improvement:** _____

Quarter 3 Review: Key Learning: _____ Skills Developed: _____ Challenges Faced: _____ Areas for Improvement: _____

Quarter 4 Review: Key Learning: _____ Skills Developed: _____ Challenges Faced: _____ Areas for Improvement: _____

Annual CPD Summary

Total Hours Completed: _____ Compliance Status: Compliant/Non-compliant **Certificate Issued:** Yes/No **Next Review Date: _____ Supervisor Sign-off: _____**

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12. Competency Assessment Framework

ANNUAL COMPETENCY ASSESSMENT Practitioner: _____ Assessor: _____ Date: _____ Assessment Period: _____

Core Competencies (JCCP Framework)

1. Clinical Knowledge & Skills

Competency	Standard	Evidence	Self-Assessment	Supervisor Assessment	Action Required
Anatomy & Physiology					
Facial anatomy	Expert knowledge		Exceeds/Meets/Below	Exceeds/Meets/Below	
Skin physiology	Current understanding				
Ageing processes	Applied knowledge				
Product Knowledge					
Injectable products	Comprehensive				
Topical treatments	Current formulary				
Equipment operation	Safe & effective				
Technical Skills					
Injection techniques	Precise & safe				
Aseptic technique	Consistently applied				
Complication management	Immediate recognition				

2. Patient Care & Communication

Competency	Standard	Evidence	Self-Assessment	Supervisor Assessment	Action Required
Consultation Skills					
History taking	Comprehensive				
Physical examination	Systematic approach				
Risk assessment	Thorough evaluation				
Communication					
Informed consent	Clear explanation				
Expectation management	Realistic outcomes				
Aftercare instructions	Detailed guidance				

3. Professional Standards

Competency	Standard	Evidence	Self-Assessment	Supervisor Assessment	Action Required
Ethical Practice					
Professional boundaries	Maintained				
Confidentiality	Absolute compliance				
Integrity	Honest practice				
Regulatory Compliance					
Documentation	Complete & accurate				
Licensing requirements	Full compliance				
Insurance coverage	Adequate & current				

Overall Performance Rating

Clinical Competence: Excellent/Good/Satisfactory/Needs Improvement **Patient Care:** Excellent/Good/Satisfactory/Needs Improvement **Professional Standards:** Excellent/Good/Satisfactory/Needs Improvement

Overall Rating: Excellent/Good/Satisfactory/Needs Improvement

Development Plan

Strengths:

1. _____
2. _____
3. _____

Areas for Development:

1. _____
   - **Action:** _____
   - **Timeline:** _____
   - **Support:** _____
2. _____
   - **Action:** _____
   - **Timeline:** _____
   - **Support:** _____

Training Requirements:

- ☐ Additional clinical training required
- ☐ Communication skills development
- ☐ Regulatory update training
- ☐ Emergency response training

Next Assessment Date: _____ **Interim Review Date:** _____

Assessor Signature: _____ **Practitioner Signature:** _____

Regulatory Compliance Checklists

13. 2025 Licensing Scheme Compliance Audit

UK LICENSING SCHEME COMPLIANCE AUDIT Practitioner: _____ **Practice:** _____ **Audit Date:** _____ **Next Review:** _____

Tier Classification Compliance

GREEN TIER TREATMENTS

Requirement	Compliant	Evidence	Notes
Practitioner Requirements			
Level 4+ qualification	☐ Yes ☐ No		
JCCP registration	☐ Yes ☐ No		
Professional indemnity insurance	☐ Yes ☐ No		
Valid DBS certificate	☐ Yes ☐ No		
Training Requirements			
Anatomy & physiology (30+ hours)	☐ Yes ☐ No		
Treatment-specific training	☐ Yes ☐ No		
Health & safety certification	☐ Yes ☐ No		
First aid certification	☐ Yes ☐ No		

AMBER TIER TREATMENTS

Requirement	Compliant	Evidence	Notes
Practitioner Requirements			
Medical qualification OR supervised practice	☐ Yes ☐ No		
Advanced certification (Level 6+)	☐ Yes ☐ No		
Prescribing rights (if applicable)	☐ Yes ☐ No ☐ N/A		
Process Requirements			
Face-to-face consultation mandatory	☐ Yes ☐ No		
14-day cooling-off period	☐ Yes ☐ No		
Under-18 prohibition	☐ Yes ☐ No		
Psychological screening protocols	☐ Yes ☐ No		

RED TIER TREATMENTS

Requirement	Compliant	Evidence	Notes
Practitioner Requirements			
Qualified health professional	☐ Yes ☐ No		
Medical practitioner supervision	☐ Yes ☐ No		
Specialist training certification	☐ Yes ☐ No		
Premises Requirements			
CQC registration	☐ Yes ☐ No		
Medical-grade facilities	☐ Yes ☐ No		
Emergency equipment available	☐ Yes ☐ No		
Resuscitation-trained staff	☐ Yes ☐ No		

General Compliance Requirements

Documentation Standards

Requirement	Compliant	Evidence	Notes
Informed consent procedures	☐ Yes ☐ No		
Medical record keeping	☐ Yes ☐ No		
Incident reporting system	☐ Yes ☐ No		
Complaint handling procedure	☐ Yes ☐ No		
Data protection compliance (GDPR)	☐ Yes ☐ No		

Advertising & Marketing Compliance

Requirement	Compliant	Evidence	Notes
ASA guidelines compliance	☐ Yes ☐ No		
No targeting under-18s	☐ Yes ☐ No		
Realistic before/after images	☐ Yes ☐ No		
Clear pricing information	☐ Yes ☐ No		
Professional qualifications displayed	☐ Yes ☐ No		

Action Plan for Non-Compliance

High Priority Issues:

1. - **Deadline:** _____
   - **Action:** _____
2. - **Deadline:** _____
   - **Action:** _____

Medium Priority Issues:

1. - **Deadline:** _____
   - **Action:** _____

Overall Compliance Status: Compliant/Partially Compliant/Non-Compliant

Auditor: _____ **Date:** _____ **Next Audit:** _____

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14. CQC Inspection Readiness Checklist

CQC INSPECTION READINESS CHECKLIST Provider: _____ **Location:** _____ **Date:** _____ **Inspector:** _____

Five Key Questions Framework

SAFE

Standard	Requirement	Compliant	Evidence	Action Required
Safeguarding				
Safeguarding policy in place	☐			
Staff trained in safeguarding	☐			
DBS checks current	☐			
Infection Prevention				
IPC policies implemented	☐			
Hand hygiene compliance	☐			
Equipment decontamination	☐			
Medicines Management				
Prescribing governance	☐			
Storage & disposal procedures	☐			
Controlled drugs procedures	☐			

EFFECTIVE

Standard	Requirement	Compliant	Evidence	Action Required
Clinical Effectiveness				
Evidence-based treatments	☐			
Clinical audit programme	☐			
Outcome monitoring	☐			
Competent Staff				
Induction programmes	☐			
Ongoing supervision	☐			
CPD compliance	☐			

CARING

Standard	Requirement	Compliant	Evidence	Action Required
Dignity & Respect				
Privacy maintained	☐			
Cultural needs met	☐			
Complaints handled well	☐			
Involvement				
Shared decision making	☐			
Patient feedback sought	☐			

RESPONSIVE

Standard	Requirement	Compliant	Evidence	Action Required
Access & Flow				
Reasonable waiting times	☐			
Flexible appointment system	☐			
Individual Needs				
Reasonable adjustments	☐			
Translation services	☐			

WELL-LED

Standard	Requirement	Compliant	Evidence	Action Required
Leadership				
Clear governance structure	☐			
Risk management	☐			
Quality assurance	☐			
Culture				
Open & transparent culture	☐			
Learning from incidents	☐			

Documentation Requirements

Policies & Procedures ☐ Clinical governance policy ☐ Safeguarding policy ☐ Infection prevention & control policy ☐ Health & safety policy ☐ Complaints procedure ☐ Incident reporting procedure ☐ Data protection policy ☐ Consent policy ☐ Record keeping policy

Records & Registers ☐ Staff training records ☐ Equipment maintenance logs ☐ Clinical audit reports ☐ Incident reports ☐ Complaints log ☐ Patient satisfaction surveys ☐ Risk register

Preparation for Inspection

Staff Briefing Completed: Yes/No **Key Documents Accessible:** Yes/No **Patient Records Organized:** Yes/No **Facilities Prepared:** Yes/No **Emergency Contacts Available:** Yes/No

Inspection Readiness Score: ___/100 **Status:** Ready/Needs Work/Not Ready

Action Plan Completion Date: _____ **Responsible Person:** _____

Emergency & Complications Management

15. Medical Emergency Response Protocol

MEDICAL EMERGENCY RESPONSE PROTOCOL [CLINIC NAME]

Emergency Response Team

Primary Responder: _____ Secondary Responder: _____ Emergency Coordinator: _____

Immediate Response Procedure (DRSABCDE)

D - DANGER ☐ Ensure area is safe for responder and patient ☐ Remove any hazards if possible ☐ Call for help if needed

R - RESPONSE ☐ Check patient consciousness (voice/pain response) ☐ If unconscious, call 999 immediately ☐ Position patient safely

S - SHOUT ☐ Call for assistance ☐ Alert emergency coordinator ☐ Prepare emergency equipment

A - AIRWAY ☐ Check for airway obstruction ☐ Head tilt, chin lift manoeuvre ☐ Clear visible obstructions ☐ Use airway adjuncts if trained

B - BREATHING ☐ Look, listen, feel for 10 seconds ☐ If absent, begin CPR immediately ☐ If present, assess rate and quality ☐ Provide oxygen if available and trained

C - CIRCULATION ☐ Check pulse (carotid/radial) ☐ Control visible bleeding ☐ Assess perfusion (cap refill, colour) ☐ Prepare IV access if qualified

D - DISABILITY ☐ Assess neurological status ☐ Check pupil response ☐ Assess limb movement ☐ Monitor blood glucose if available

E - EXPOSURE ☐ Maintain dignity ☐ Prevent hypothermia ☐ Full examination as appropriate

Specific Emergency Protocols

ANAPHYLAXIS (Type I Allergic Reaction)

Recognition:

- Rapid onset (minutes)
- Urticaria/rash
- Swelling (face, lips, tongue)
- Breathing difficulty
- Hypotension
- Loss of consciousness

Immediate Actions:

1. **STOP** treatment immediately
2. **CALL 999** - state "anaphylaxis"
3. **REMOVE** trigger if possible
4. **POSITION** patient lying flat, legs elevated
5. **ADRENALINE** 0.5ml 1:1000 IM (outer thigh)
6. **HIGH-FLOW OXYGEN** if available
7. **IV ACCESS** if qualified
8. **MONITOR** vital signs continuously
9. **REPEAT** adrenaline after 5 minutes if no improvement
10. **RECORD** all interventions

Equipment Required:

- Adrenaline auto-injectors (EpiPen/Jext)
- Oxygen and delivery system
- IV cannulation equipment
- Blood pressure monitor
- Emergency drugs (chlorphenamine, hydrocortisone)

VASCULAR OCCLUSION (Filler Complication)

Recognition:

- Severe pain at injection site
- Blanching/discolouration
- Skin changes
- Visual disturbances (if periorbital)

Immediate Actions:

1. **STOP** injection immediately
2. **ASSESS** circulation and vision
3. **HYALURONIDASE** 1500IU diluted, multiple injections around area
4. **WARM COMPRESS** to increase circulation
5. **ASPIRIN** 300mg unless contraindicated
6. **MASSAGE** area gently
7. **CALL 999** if vision affected
8. **OPHTHALMOLOGY REFERRAL** if orbital area
9. **PLASTIC SURGERY REFERRAL** for tissue compromise
10. **DOCUMENT** thoroughly

Equipment Required:

- Hyaluronidase (Hyalase) 1500IU vials
- Saline for dilution
- Fine needles for injection
- Aspirin tablets
- Emergency contact numbers

VASOVAGAL SYNCOPE (Fainting)

Recognition:

- Nausea, dizziness
- Pallor, sweating
- Gradual loss of consciousness
- Slow pulse

Actions:

1. **POSITION** lying flat, legs elevated
2. **LOOSEN** tight clothing
3. **MONITOR** pulse and breathing
4. **RECOVERY** usually rapid
5. **GLUCOSE** drink when conscious
6. **OBSERVE** for 30 minutes
7. **DEFER** treatment if recurrent

Emergency Equipment & Drugs

Basic Emergency Kit ☐ Adrenaline auto-injectors x2 ☐ Hyaluronidase 1500IU x2 vials ☐ Oxygen cylinder with masks ☐ Bag-valve mask ☐ Blood pressure monitor ☐ Pulse oximeter ☐ Thermometer ☐ Glucose testing kit ☐ Emergency drugs box

Emergency Drugs Box Contents ☐ Adrenaline 1:1000 ampoules ☐ Chlorphenamine 10mg ampoules ☐ Hydrocortisone 100mg vials ☐ Salbutamol inhaler ☐ GTN spray ☐ Aspirin 300mg tablets ☐ Glucose gel ☐ Saline 0.9% 10ml ampoules

Documentation & Follow-up

Incident Report Form

- Date, time, location
- Patient details
- Treatment being performed
- Events leading to emergency
- Signs and symptoms
- Actions taken
- Outcome
- Lessons learned

Post-Emergency Checklist ☐ Patient stable and discharged/transferred ☐ Relatives informed ☐ GP informed ☐ Insurance company notified ☐ Incident report completed ☐ Equipment restocked ☐ Staff debrief completed ☐ Learning points identified

Training Requirements

All Staff Must: ☐ Complete basic life support training (annual) ☐ Practice emergency scenarios (quarterly) ☐ Know location of all emergency equipment ☐ Understand their role in emergencies

Advanced Practitioners Must: ☐ Complete immediate life support training ☐ Maintain advanced airway skills ☐ Practice drug administration ☐ Lead emergency response

Training Record: Last Training Date: _____ Next Training Due: _____ Trainer: _____

---

16. Complications Management Protocol

AESTHETIC COMPLICATIONS MANAGEMENT PROTOCOL

Classification of Complications

IMMEDIATE (During/Within 24 hours)

- Allergic reactions
- Vascular occlusion
- Haematoma formation
- Nerve injury
- Infection introduction

EARLY (24 hours - 2 weeks)

- Swelling/oedema
- Bruising
- Asymmetry
- Over/under correction
- Inflammatory reaction

LATE (2 weeks - 6 months)

- Granuloma formation
- Nodule formation
- Migration of product
- Scarring
- Chronic inflammation

DELAYED (>6 months)

- Biofilm formation
- Late-onset nodules
- Product degradation issues
- Long-term asymmetry

Treatment-Specific Complication Management

ANTI-WRINKLE INJECTIONS (Botulinum Toxin)

Common Complications:

Complication	Management	Timeline
Bruising	Arnica, cold compress, avoid blood thinners	7-14 days
Headache	Paracetamol, monitor, usually self-limiting	24-48 hours
Ptosis (eyelid droop)	Apraclonidine drops, upward eye exercises	2-12 weeks
Asymmetry	Assessment at 2 weeks, possible top-up	2-4 weeks
Frozen expression	Reassurance, massage, gradual improvement	3-6 months

Rare Complications:

Complication	Management	Action Required
Diplopia (double vision)	Immediate ophthalmology referral	Emergency
Difficulty swallowing	ENT referral, monitor airway	Urgent
Widespread muscle weakness	Neurology referral	Emergency
Allergic reaction	Standard anaphylaxis protocol	Emergency

DERMAL FILLERS (Hyaluronic Acid)

Common Complications:

Complication	Management	Timeline
Swelling	Cold compress, anti-inflammatories	48-72 hours
Bruising	Arnica, concealer advice	7-14 days
Tenderness	Paracetamol, gentle massage	2-7 days
Lumpiness	Massage technique, warm compress	2-4 weeks
Asymmetry	Assessment at 2 weeks, adjustment	2-4 weeks

Serious Complications:

Complication	Management	Action Required
Vascular occlusion	Immediate hyaluronidase protocol	Emergency
Infection	Antibiotic therapy, culture if purulent	Urgent
Granuloma	Steroid injection, possible excision	Specialist referral
Biofilm	Long-term antibiotics, hyaluronidase	Specialist referral

Hyaluronidase Protocol

INDICATIONS

- Vascular compromise
- Overcorrection
- Nodule formation
- Migration of product
- Patient dissatisfaction with result

CONTRAINDICATIONS

- Allergy to hyaluronidase
- Pregnancy/breastfeeding
- Active infection at site

PROTOCOL

1. **Patient Assessment**
    - Confirm HA filler used
    - Assess extent of problem
    - Obtain consent for dissolution
2. **Preparation**
    - Reconstitute 1500IU in 1ml saline
    - Use within 6 hours
    - Prepare multiple syringes if large area
3. **Administration**
    - Clean area with antiseptic
    - Inject 0.1-0.2ml per point
    - Multiple injection points around area
    - Gentle massage after injection
4. **Post-Treatment**
    - Monitor for 30 minutes
    - Warm compress application
    - Review in 24-48 hours
    - Repeat if necessary
5. **Documentation**
    - Indication for use
    - Amount used
    - Patient response
    - Follow-up plan

Patient Communication During Complications

INITIAL CONTACT

- Acknowledge concern immediately
- Arrange urgent assessment
- Provide interim advice
- Document conversation

DURING ASSESSMENT

- Honest explanation of situation
- Clear management plan
- Realistic timeline for resolution
- Available support options

ONGOING COMMUNICATION

- Regular progress updates
- Adjust management as needed
- Emotional support
- Documentation at each contact

Legal & Insurance Considerations

DOCUMENTATION REQUIREMENTS

- Detailed complication description
- Management actions taken
- Patient communications
- Photographic evidence
- Timeline of events
- Specialist referrals made

INSURANCE NOTIFICATION

- Report within 24-48 hours
- Provide all documentation
- Coordinate with legal team
- Continue patient care

PROFESSIONAL BODY REPORTING

- Report serious complications
- Contribute to safety data
- Share learning points
- Maintain professional standards

Prevention Strategies

PRE-TREATMENT

- Thorough medical history
- Appropriate patient selection
- Realistic expectation setting
- Quality products only

DURING TREATMENT

- Proper technique adherence
- Sterile procedures
- Appropriate product volumes
- Continuous patient monitoring

POST-TREATMENT

- Clear aftercare instructions
- Accessible follow-up
- Complication recognition training
- Emergency protocol availability

Quality Assurance

COMPLICATION TRACKING

- Monthly complication rate review
- Pattern analysis
- Corrective action implementation
- Staff training updates

CONTINUOUS IMPROVEMENT

- Regular protocol updates
- Staff competency assessment
- Equipment maintenance
- Supplier quality monitoring

Marketing & Client Communication

17. Compliant Marketing Templates

AESTHETIC MARKETING COMPLIANCE GUIDELINES ASA & 2025 Licensing Compliant Templates

Website Content Template

HOMEPAGE CONTENT

Professional Aesthetic Treatments *Enhance Your Natural Beauty with Expert Care*

About [Clinic Name] We are a [CQC-registered/JCCP-approved] aesthetic clinic providing safe, effective treatments delivered by qualified professionals. Our [Practitioner Name] holds [specific qualifications] and is registered with [professional bodies].

Our Approach

- Comprehensive consultation for every patient
- Evidence-based treatment recommendations
- Realistic expectation setting
- Ongoing aftercare and support
- Full regulatory compliance

Treatment Categories Available:

- Green Tier: Superficial treatments (chemical peels, microneedling)
- Amber Tier: Medical-grade procedures (injectable treatments)
- Red Tier: Advanced procedures (CQC-registered setting only)

All treatments are subject to consultation and suitability assessment

Service Page Template

ANTI-WRINKLE INJECTIONS *Reduce Dynamic Facial Lines*

What are Anti-Wrinkle Injections? Anti-wrinkle injections use a purified protein to temporarily relax specific facial muscles, reducing the appearance of dynamic lines and wrinkles. This is a prescription-only medicine that must be prescribed by a qualified medical practitioner.

Suitability This treatment may be suitable for you if:

- You have dynamic wrinkles (appear with muscle movement)
- You are over 18 years of age
- You have realistic expectations
- You are in good general health

The Process

1. **Consultation:** Comprehensive assessment with our qualified practitioner
2. **Cooling-off period:** 14-day period to consider your decision
3. **Treatment:** Precise injections by medical professional
4. **Follow-up:** Review appointment at 2 weeks

Expected Results

- Results typically visible within 3-7 days
- Full effect achieved at 2 weeks
- Results typically last 3-6 months
- Individual results may vary

Risks & Side Effects Common: Temporary bruising, mild swelling, headache Uncommon: Asymmetry, drooping eyelid Rare: Allergic reaction, widespread muscle weakness

Full risk information will be provided during consultation

Pricing From £[price] - exact cost determined during consultation based on individual needs

Book Your Consultation All new patients require a face-to-face consultation before any amber-tier treatment.

This treatment is not suitable for pregnant or breastfeeding women

Social Media Content Guidelines

COMPLIANT POST EXAMPLES

Educational Post: "Understanding Dynamic vs Static Wrinkles 🧠

Dynamic wrinkles appear when you make facial expressions - like crow's feet when you smile. Static wrinkles are visible even when your face is relaxed.

Different treatments are suitable for different types of lines. A professional consultation can help determine what's most appropriate for you.

Book your consultation to learn more about your options.

#AestheticEducation #ProfessionalAdvice #RealExpectations"

Treatment Showcase (Compliant): "Results from our dermal filler treatment 📸

This patient wanted to restore volume to their cheeks and improve facial harmony. Treatment was performed by our qualified medical practitioner following comprehensive consultation.

⚠️ Individual results vary
⚠️ This treatment carries risks including bruising, swelling, and rare complications
⚠️ Not suitable for under-18s

Book your consultation to discuss if this treatment is right for you."

PROHIBITED CONTENT: × Before/after images without clear disclaimers × Content targeting under-18s × Unrealistic claims or guarantees × Pressure tactics or time-limited offers × Images suggesting dramatic transformation × Celebrity endorsements without disclosure × Medical claims without evidence

Email Marketing Templates

CONSULTATION BOOKING CONFIRMATION

Subject: Your Aesthetic Consultation is Confirmed

Dear [Name],

Thank you for booking your consultation with [Clinic Name]. We look forward to meeting you and discussing your aesthetic goals.

Appointment Details: Date: [Date] Time: [Time] Duration: 60 minutes Practitioner: [Name, Qualifications]

What to Expect:

- Comprehensive health assessment
- Discussion of your concerns and goals
- Explanation of suitable treatment options
- Realistic expectation setting
- No pressure to proceed

Please Bring:

- Photo ID
- List of current medications
- Medical history information
- Any questions you may have

Important Information:

- Consultations are always free
- You'll receive a 14-day cooling-off period for amber/red tier treatments
- No same-day treatment for new patients (amber/red tier)
- All treatment costs will be clearly explained

Preparing for Your Visit: Please arrive 10 minutes early with clean, makeup-free skin. If you need to reschedule, please give us 48 hours' notice.

We're committed to helping you make an informed decision about any treatments. There's no obligation to proceed, and we'll support you in choosing what's right for you.

Best regards,
[Clinic Team]

POST-TREATMENT CARE EMAIL

Subject: Your Treatment Aftercare - Important Information

Dear [Name],

Thank you for choosing [Clinic Name] for your [treatment type]. Here's your personalized aftercare information:

What to Expect: Next 24-48 hours: [Specific expectations] First week: [Timeline information] Full results: [Timeline for final results]

Immediate Aftercare (Next 24 hours): ✓ Apply cold compress if swelling occurs ✓ Take paracetamol if needed for discomfort ✓ Avoid touching or massaging the area ✓ Sleep with head elevated ✓ Avoid strenuous exercise

This Week: ✓ Gentle cleansing only ✓ Avoid heat (sauna, hot baths, sun exposure) ✓ No facial treatments or massage ✓ Avoid blood-thinning medications if safe to do so

When to Contact Us: Please call immediately if you experience:

- Severe or increasing pain
- Signs of infection (heat, pus, red streaking)
- Visual disturbances (if treated near eyes)
- Severe swelling or difficulty breathing
- Any concerns at all

Emergency Contact: [24-hour number]

Follow-up: Your review appointment is booked for [date/time]. We'll assess your results and address any questions.

Support: We're here to support you throughout your journey. Please don't hesitate to contact us with any concerns.

Best regards,
[Practitioner Name]

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18. Client Feedback & Satisfaction Templates

CLIENT SATISFACTION SURVEY [CLINIC NAME]

Treatment Date: _____ Treatment Type: _____ Practitioner: _____

Overall Experience Rating

How would you rate your overall experience with us? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Consultation Process

1. How satisfied were you with your initial consultation? ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

2. Did you feel you received enough information to make an informed decision? ☐ Yes, completely ☐ Mostly ☐ Somewhat ☐ Not really ☐ Not at all

3. Were the risks and potential complications clearly explained? ☐ Very Clear ☐ Clear ☐ Adequate ☐ Unclear ☐ Not Explained

4. Did you feel pressured to proceed with treatment? ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely

Treatment Experience

5. How would you rate the practitioner's technical skill? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

6. How comfortable did you feel during the treatment? ☐ Very Comfortable ☐ Comfortable ☐ Neutral ☐ Uncomfortable ☐ Very Uncomfortable

7. Was the treatment environment clean and professional? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

8. How would you rate the pain management during treatment? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ N/A

Results & Aftercare

9. How satisfied are you with your treatment results? ☐ Very Satisfied ☐ Satisfied ☐ Neutral ☐ Dissatisfied ☐ Very Dissatisfied

10. Were your expectations met? ☐ Exceeded ☐ Met ☐ Mostly Met ☐ Partially Met ☐ Not Met

11. How clear were the aftercare instructions? ☐ Very Clear ☐ Clear ☐ Adequate ☐ Unclear ☐ Confusing

12. How responsive was the clinic to any questions or concerns? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ No Contact Needed

Communication & Service

13. How would you rate the booking process? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

14. How professional was the staff throughout your visit? ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

15. Would you recommend our clinic to friends or family? ☐ Definitely ☐ Probably ☐ Might ☐ Probably Not ☐ Definitely Not

Open Feedback

16. What did we do particularly well?

17. How could we improve our service?

18. Any additional comments?

Future Treatments

19. Are you interested in other treatments we offer? ☐ Yes ☐ No ☐ Maybe

If yes, which treatments interest you? ☐ Anti-wrinkle injections ☐ Dermal fillers ☐ Chemical peels ☐ Microneedling ☐ Laser treatments ☐ Other: _____

20. When would you consider your next treatment? ☐ Within 3 months ☐ 3-6 months ☐ 6-12 months ☐ More than 1 year ☐ Not sure

Contact Information (Optional)

Name: _____ Email: _____ Date of Survey: _____

Thank you for your feedback! Your responses help us maintain high standards of care.

Insurance & Legal Protection

19. Professional Indemnity Insurance Documentation

PROFESSIONAL INDEMNITY INSURANCE CHECKLIST Practitioner: _____ Policy Period: _____

Insurance Requirements by Treatment Tier

GREEN TIER TREATMENTS

Requirement	Minimum Coverage	Current Policy	Compliant
Professional Indemnity	£1,000,000 per claim	£_____	☐ Yes ☐ No
Public Liability	£2,000,000 per incident	£_____	☐ Yes ☐ No
Product Liability	£1,000,000 per claim	£_____	☐ Yes ☐ No
Treatment Coverage	All Level 4+ procedures	Covered: _____	☐ Yes ☐ No

AMBER TIER TREATMENTS

Requirement	Minimum Coverage	Current Policy	Compliant
Professional Indemnity	£6,000,000 per claim	£_____	☐ Yes ☐ No
Public Liability	£6,000,000 per incident	£_____	☐ Yes ☐ No
Injectable Treatments	Specifically covered	☐ Covered ☐ Excluded	☐ Yes ☐ No
Prescribing Cover	If applicable	☐ Covered ☐ Excluded ☐ N/A	☐ Yes ☐ No

RED TIER TREATMENTS

Requirement	Minimum Coverage	Current Policy	Compliant
Professional Indemnity	£10,000,000 per claim	£_____	☐ Yes ☐ No
Public Liability	£10,000,000 per incident	£_____	☐ Yes ☐ No
Advanced Procedures	Specifically covered	☐ Covered ☐ Excluded	☐ Yes ☐ No
CQC Registration	Required for premises	☐ Registered ☐ Pending	☐ Yes ☐ No

Policy Details & Coverage

Current Insurance Provider: _____ **Policy Number:** _____ **Renewal Date:** _____
Premium Amount: £_____ **Broker Contact:** _____

Coverage Specifics: ☐ Botulinum toxin injections ☐ Dermal filler treatments ☐ Chemical peels (specify depth) ☐ Laser/IPL treatments ☐ Thread lift procedures ☐ Microneedling treatments ☐ Body contouring procedures

Exclusions (List any excluded treatments):

1. _____
2. _____
3. _____

Geographic Coverage: ☐ UK only ☐ European Union ☐ Worldwide (excluding USA) ☐ Worldwide (including USA)

Claims History & Risk Management

Claims Record: Number of claims in last 5 years: _____ **Total value of claims:** £_____ **Current open claims:** _____

Risk Management Measures: ☐ Comprehensive consent procedures ☐ Detailed record keeping ☐ Regular CPD completed ☐ Professional supervision arrangements ☐ Equipment maintenance schedules ☐ Emergency protocols in place

Annual Policy Review

Review Date: _____ **Coverage Adequate for Current Practice:** ☐ Yes ☐ No **Premium Competitive:** ☐ Yes ☐ No **Claims Service Satisfactory:** ☐ Yes ☐ No ☐ Not Applicable

Action Items:

1. _____
2. _____
3. _____

Next Review Date: _____

Emergency Contact Information

Insurance Company 24/7 Claims Line: _____ Broker Emergency Contact: _____ Legal Helpline: _____ Risk Management Support: _____

Policy Documents Location: _____ Certificate Displayed: ☐ Yes ☐ No

---

20. Incident Reporting & Documentation System

CLINICAL INCIDENT REPORT FORM Report Number: _____ Date of Report: _____ Reporter: _____

Incident Classification

Type of Incident: ☐ Treatment complication ☐ Equipment failure ☐ Medication error ☐ Patient fall/ injury ☐ Infection control breach ☐ Data protection breach ☐ Staff injury ☐ Near miss event ☐ Other: _____

Severity Level: ☐ **Level 1:** No harm, no treatment required ☐ **Level 2:** Minor harm, minimal treatment required ☐ **Level 3:** Moderate harm, treatment required ☐ **Level 4:** Major harm, significant treatment required ☐ **Level 5:** Death or permanent disability

Incident Details

Date of Incident: _____ Time of Incident: _____ Location: _____ Weather/ Environmental Conditions: _____

Patient Details (if applicable): Name: _____ DOB: _____ Patient ID: _____ Treatment Being Performed: _____

Detailed Description

What happened? (Chronological sequence of events):

_____
_____
_____
_____

Contributing Factors: ☐ Equipment malfunction ☐ Procedural error ☐ Communication breakdown ☐ Training inadequacy ☐ System failure ☐ Patient factors ☐ Environmental factors ☐ Other: _____

Witnesses Present: Name: _____ Role: _____ Contact: _____ Name: _____ Role: _____ Contact: _____

Immediate Actions Taken

Immediate Response: ☐ Emergency services called (999) ☐ First aid administered ☐ Patient stabilized ☐ Area secured ☐ Equipment isolated ☐ Senior staff notified ☐ Family contacted

Medical Treatment Required: ☐ None ☐ First aid only ☐ GP referral ☐ Hospital attendance ☐ Emergency department ☐ Admission required

Details of Treatment: _____

Notification Requirements

Internal Notifications Made: ☐ Senior practitioner ☐ Clinic manager ☐ Medical director ☐ Health & safety officer ☐ Risk management team

External Notifications Required: ☐ CQC (within 24 hours for serious incidents) ☐ Professional body (GMC/NMC/etc.) ☐ Insurance company ☐ Local authority ☐ HSE (RIDDOR reportable) ☐ Police (if required)

Notification Timeline: CQC Notification: Completed ☐ / Due: _____ **Insurance Notification:** Completed ☐ / Due: _____ **Professional Body:** Completed ☐ / Due: _____

Investigation & Analysis

Investigation Team: Lead Investigator: _____ **Team Members:** _____ **External Advisor:** _____ (if required)

Root Cause Analysis: Primary Cause: _____ **Contributing Factors:**

1.
2.
3.

System Failures Identified: ☐ Policy inadequate ☐ Training insufficient ☐ Equipment fault ☐ Communication breakdown ☐ Supervision lacking ☐ Resource shortage

Action Plan & Prevention

Immediate Actions (Within 24 hours):

1. **Responsible:** _____ **Deadline:** _____ **Status:** _____
2. **Responsible:** _____ **Deadline:** _____ **Status:** _____

Short-term Actions (Within 1 month):

1. **Responsible:** _____ **Deadline:** _____ **Status:** _____
2. **Responsible:** _____ **Deadline:** _____ **Status:** _____

Long-term Actions (Within 6 months):

1. **Responsible:** _____ **Deadline:** _____ **Status:** _____

Learning & Sharing

Lessons Learned:

1.
2.
3.

Changes Implemented: ☐ Policy updates ☐ Training programs ☐ Equipment replacement ☐ Process changes ☐ Supervision increase ☐ System modifications

Sharing Plan: ☐ Team meeting discussion ☐ Newsletter article ☐ Training update ☐ Professional network sharing ☐ Anonymous case study

Follow-up & Monitoring

Follow-up Required: ☐ Patient outcome monitoring ☐ Equipment testing ☐ Process audit ☐ Staff competency check ☐ System effectiveness review

Review Schedule: 1 week: _____ 1 month: _____ 3 months: _____ 6 months: _____

Sign-off & Approval

Report Completed by: _____ Date: _____ Signature: _____

Reviewed by Senior Manager: _____ Date: _____ Signature: _____

Final Approval: _____ Date: _____ Signature: _____

Case Closed: ☐ Yes ☐ No **Closure Date: _____**

Final Summary & Implementation Checklist

21. New Aesthetician Start-Up Checklist

COMPLETE PROFESSIONAL SETUP CHECKLIST Practitioner: _____ Target Start Date: _____ Completion Date: _____

Legal & Regulatory Requirements

Professional Qualifications ✓ ☐ Level 4+ qualification obtained ☐ JCCP registration completed ☐ Professional body membership active ☐ GMC/NMC registration (if applicable) ☐ Specialist treatment certifications ☐ First aid qualification current ☐ DBS check completed

Insurance & Legal Protection ✓ ☐ Professional indemnity insurance (minimum levels per tier) ☐ Public liability insurance ☐ Product liability coverage ☐ Legal expenses insurance considered ☐ Business insurance if applicable ☐ Will/estate planning updated

Premises & Equipment ✓ ☐ CQC registration (if Red Tier treatments) ☐ Business premises license ☐ Health & safety compliance ☐ Fire safety certificate ☐ Equipment calibration certificates ☐ Waste disposal contracts ☐ Utilities and services connected

Clinical Documentation Systems

Patient Management ✓ ☐ Consultation forms printed/digital ready ☐ Consent forms for each treatment type ☐ Medical history templates prepared ☐ Treatment planning documents ☐ Progress tracking systems ☐ Photography consent procedures ☐ Under-18 prohibition notices displayed

Treatment Protocols ✓ ☐ All treatment protocols documented ☐ Complication management procedures ☐ Emergency response protocols ☐ Infection control procedures ☐ Equipment operation manuals ☐ Product information sheets ☐ Aftercare instruction sheets

Record Keeping Systems ✓ ☐ Patient record storage (GDPR compliant) ☐ Treatment record templates ☐ Incident reporting forms ☐ CPD tracking system ☐ Equipment maintenance logs ☐ Stock control systems ☐ Financial record systems

Quality Assurance & Safety

Health & Safety Implementation ✓ ☐ Risk assessments completed ☐ COSHH assessments for all products ☐ Infection control protocols implemented ☐ Emergency equipment stocked ☐ Sharps disposal arrangements ☐ First aid kit fully stocked ☐ Fire safety equipment installed

Clinical Governance ✓ ☐ Clinical audit schedule prepared ☐ Patient feedback systems ☐ Complaint handling procedure ☐ Incident reporting system ☐ Quality improvement processes ☐ Peer review arrangements ☐ Supervision agreements (if required)

Business Operations

Financial Systems ✓ ☐ Business bank account opened ☐ Accounting system implemented ☐ Payment processing setup ☐ Invoicing system ready ☐ VAT registration (if applicable) ☐ Expense tracking system ☐ Insurance documentation filed

Marketing & Communication ✓ ☐ Professional website launched ☐ Social media accounts created ☐ Marketing materials compliant ☐ Patient information leaflets ☐ Business cards and stationery ☐ Online booking system ☐ Phone/email systems active

Operational Procedures ✓ ☐ Opening hours established ☐ Appointment booking procedures ☐ Cancellation policies implemented ☐ Pricing structure finalized ☐ Terms and conditions published ☐ Staff training completed (if applicable) ☐ Supplier relationships established

Final Checks & Launch Preparation

Regulatory Compliance Audit ✓ ☐ 2025 licensing scheme compliance verified ☐ Tier-appropriate treatment offerings ☐ Age verification procedures ☐ Face-to-face consultation requirements ☐ Cooling-off period procedures ☐ Emergency contact systems

Soft Launch Preparation ✓ ☐ Practice run with volunteers ☐ All systems tested ☐ Emergency procedures rehearsed ☐ Documentation systems verified ☐ Staff briefings completed ☐ Opening day preparations

Professional Network ✓ ☐ GP referral relationships ☐ Emergency support arrangements ☐ Specialist consultation access ☐ Peer support networks ☐ Mentorship arrangements ☐ Professional development plan

30-Day Post-Launch Review

Performance Metrics ✓ ☐ Patient satisfaction scores ☐ Complication rates ☐ Financial performance ☐ Booking conversion rates ☐ No-show rates ☐ Complaint resolution times

System Effectiveness ✓ ☐ Documentation system efficiency ☐ Communication effectiveness ☐ Emergency protocol readiness ☐ Quality assurance functioning ☐ Staff performance (if applicable) ☐ Supplier relationships

Continuous Improvement ✓ ☐ Patient feedback analysis ☐ Process optimization opportunities ☐ Training needs identified ☐ Equipment upgrade requirements ☐ Service expansion possibilities ☐ Professional development planning

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CERTIFICATION OF COMPLETION

I, _____, confirm that I have reviewed and implemented all requirements in this Professional Setup Checklist and am ready to commence practice as a qualified aesthetic practitioner in compliance with all UK regulations and professional standards.

Signature: _____ **Date:** _____ **Registration Number:** _____

Supervisor/Mentor Sign-off: _____ **Date:** _____

This comprehensive template package provides everything a new aesthetician needs to establish a compliant, professional practice in the UK. All templates should be customized to individual practice needs and regularly updated to reflect changing regulations and best practices.