



Cosmetic Medicine Health History

Name _____ DOB _____

Address _____

Cell _____ Home _____ MSI _____ Exp Date _____

Email _____ Emerg Contact Name/Phone _____

Family Physician _____

Do you have:

- Cold sores/herpes _____ if so, do you have access to Antiviral Medication _____
- Special event in the next 2 weeks _____
- Active infection _____ Antibiotics _____
- Fainting history _____
- Needle phobia (tell us as we can help you) _____
- Recent or planned dental work in a 2-4 week time span _____
- Accutane in the past 6 months _____
- Sinus/Rhinitis infection _____
- Skin Disease /Keloid _____
- Bleeding disorders _____
- HIV or Hepatitis _____
- Allergy to Yellow Jacket Bees _____
- Eye issues including lid drop _____
- Body Dysmorphic Disorder or OCD _____
- Diabetes _____
- Steroid Therapy _____
- Autoimmune disorder (Lupus, RA, Thyroid) _____
- Neurological - ALS, MS, Parkinson's Dz, Myasthenia Gravis, Seizures, Numbness, Muscle Weakness _____
- Hypertension (High Blood Pressure not under control) _____

- Hormonal imbalance/Therapy _____
- Kidney Disease _____
- Cancer/Chemo/Radiation _____
- Orthopedic implants _____
- Pacemaker/Defibrillator _____
- Anything else you think relevant to your care _____
- Previous surgeries Face/Neck/ Dental _____
- List Prescription Meds _____
- List OTC/Herbal Meds _____
- Allergies _____ Anaphylaxis (severe allergy) _____
- Pregnant _____ Trying in the next 6 mos _____ Not sure _____
- Breastfeeding _____
- Prior Botulinum _____ Last tx _____ Satisfied? If not, why _____
- Prior Filler _____ Where/When _____
Satisfied? _____

Please be accurate so we can keep you safe. Advise us if changes occur in your health. I acknowledge I read, understood and answered the medical history truthfully.

Patient Signature _____

MD Signature _____

RN Signature _____

I am interested in:

Botulinum Neuromodulator _____

Fillers _____

Hyperhidrosis (Excessive sweating) _____

Skin tags _____

Sun Spots _____

Age Spots _____

Skin Care Advice / Products _____

Preparation for Dermal Fillers

Michele MacLean MD | CCFP | AAFP

- No alcohol 2 days prior and 1 day after (increases bruising and bleeding)
- Avoid garlic, fish oils, vitamin E, St. Johns Wort, Ginseng, Evening Primrose, Ginko Biloba, and Feverfew for 2 days before treatments
- Avoid Asprin, Ibuprofen, Alleve, Ansaids, Plavix optimally 5-7 days before treatments
- If you take warfarin or other blood thinners (xarelto, eliquis) you may not be an ideal candidate for fillers due to bleeding/bruising risk.
- Avoid Retinols, Glycolic acid and antiaging creams 2 days prior
- Avoid waxing, tweezing, bleaching, and hair removal products for at least 2 days prior
- No dental work, even cleaning for 2-4 weeks before or after treatments
- No facial treatments for 2 weeks after
- If you have a history of cold sores, discuss with the injector beforehand in order to discuss pre and post-antivirals.
- Avoid massage donuts for at least 24 hours
- If allergic to Lidocaine, parabens, topical numbing medications, yellow jacket bee venom, Hyaluronic acid, discuss with injector beforehand
- Avoid getting filler within a month of vaccinations
- Plan not to expose yourself to direct sunlight for 1-2 days after treatments
- Avoid strenuous exercise for 1-2 days
- Make sure that you hydrate before you come to the appointment
- If you have a needle phobia or history of fainting, discuss with injector beforehand
- Numbing cream may be applied. The filler contains Lidocaine which can help reduce discomfort. We also use a tiny hand held vibrator to the face that can help.
- Make sure your expectations are realistic. One vial of filler is 1/5th of a teaspoon of product. Most people have a budget, and we help plan a treatment path. Often one visit is not going to get you to your final treatment goal.

Dermal Filler Consent

Michele MacLean MD | CCFP | AAFP

Hyaluronic acid (HA) is a naturally occurring sugar found in our bodies. Fillers are similar to our natural HA. They are gels that are cross linked to last from 6 months (lips) to many months, depending on the location injected and characteristics of the product. They are injected by needles or cannulas (blunt tipped) and used for temporary correction of lines, wrinkles, folds, contouring and volumizing.

Our faces are a highway of arteries and veins that weave in and out with individual variation so there is always potential risk of blocking a blood vessel and reducing oxygen the skin. We take the utmost care to know anatomy of facial structures/vessels as well as to be prepared for any complications that could arise but we can't mitigate all risk and we need each person to consider their cosmetic goals and have a full understanding of the risks involved.

Starting with the most serious and the most rare events:

-- *Blindness/-strokes* which may not be reversible. This occurs if the filler gel migrates and flows up to the retinal artery to the eye. It is usually at the time of the injection, can be very painful and is very rare. It is hard to have an exact number of the incidence but one study from 2019 reported 190 cases world wide of which about 25% were HA fillers and the rest were non HA fillers (I only use HA fillers). There have been millions of filler injections world wide so this is rare but disastrous.

— *Vascular necrosis* can occur if a blood vessel is blocked to the tissues resulting in lack of oxygen. This can occur right away or be a few days later. Pain, bruised appearance, mottled gray blue color, blister formation can be signs. If concerned, contact your injector right away. These can be helped by injecting Hyaluronidase to dissolve the filler. As Hyaluronidase is similar to yellow jacket bee venom, we discourage folks with that allergy to have dermal HA fillers. For clients that might need to have dissolving, sometimes repeated treatments and assessments over a few days to weeks may be required. Scars can result.

— *Inflammatory lesions, nodules, granulomas* (lumps/bumps) even months after injections can occur. Redness, swelling, and pain can occur. Temporary swelling may occur after vaccinations.

— *Non Inflammatory lesions and bumps* under the skin - These can be treated with reversal agents if they persist.

— *Bacterial Infections/Biofilms*. Meticulous attention with skin antiseptics and sterile technique helps to prevent but if these occur antibiotics would be necessary and sometimes drainage of an abscess may be required.

— *Haematomas or bruising* can occur but usually last less than 2 weeks.

— *Allergic reactions*: Generalized (rare), Localized (1:1400)

— *Salivary gland injury*

— *Nerve injury*

— *Reactivation of the cold sore virus*

— *Post-treatment discomfort, redness, and swelling* usually resolve within a week or less

I agree to tell my injector if:

- I am pregnant or breastfeeding
- I have a past or current history of autoimmune disease

- I have an inflammatory or infectious skin issue (including acne)
- I am on immunotherapy treatments including biologics
- I am allergic to Hyaluronic acid or Bee venom (yellow jacket bees)
- I am undergoing Laser therapy, chemical peeling or dermabrasion, any invasive skin treatments
- I have a tendency to form Keloids or hypertrophic scars
- I will disclose my accurate health history including all medications both prescription, herbal, and over-the-counter.
- I have read the information provided and have discussed the risks and benefits of Hyaluronic Acid Filler injections with my physician or his/her representative. I understand the information provided and discussed. Any questions I had were addressed.
- I authorize the taking of clinical photographs and their use for scientific purposes as well as to judge before and after appearance. I understand my identity will be protected.
- I understand this is a cosmetic procedure and that payment is my responsibility.

Name of Patient (Print)	Patient Signature	Date
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Name of Physician/HCP	Physician/HCP signature	Date
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Post Filler Instructions

Avoid strenuous exercise for 24 hours

Avoid extensive sun or heat for 72 hours which can increase bruising

Avoid consuming excess amounts of alcohol or salts to avoid excess swelling

If swelling occurs, you may apply a cool compress for 15 minutes each hour

Use Tylenol for discomfort

Antihistamines like Claritin or Reactine may help swelling

Try to sleep face up and slightly elevated if you experience swelling. Airline pillows can be helpful

Consider taking Arnica to help the bruising and swelling (available at Health Stores). Not proven but anecdotally many people claim it helps

Avoid significant movement or massage of the treated area. Unless instructed by the provider

Call the injector if there are any concerns: Dr. Michele MacLean 902-430-0990

Consent for Hyaluronidase Injection for Filler Reversal

Hyaluronic (HA) fillers are sterile gels for injection into the skin to correct facial lines, wrinkles and folds, for lip enhancement and for shaping facial contours. Occasionally, these fillers need to be dissolved for aesthetic reasons. If the filler blocks a blood vessel and oxygen is compromised, then we have to reverse the filler to prevent skin death/scarring. This has to be addressed promptly. Phone your injector if you have discolouration and/or pain.

Hyaluronidase enzyme has off-label emergency use to break down HA fillers. It can also break down naturally occurring HA, but the body, fortunately, can quickly make new natural HA in 1-2 days. The effects of Hyaluronidase are usually immediate to increase blood flow but can cause loss of volume and skin laxity. Repeat treatments may be necessary.

Hyaluronidase can rarely result in anaphylaxis (severe allergic reactions requiring immediate medical attention and is life-threatening if untreated). I understand this and have been given full counselling, including the possibility of needing adrenaline and transport to emergency. Our offices carry adrenaline.

After treatment, I may experience redness, swelling, pain, itching, bruising (sometimes significant) and tenderness at the injection site. Generally, these are mild to moderate and typically resolve in a few days. I acknowledge that I will have to remain in the clinic for 30 minutes after the procedure for observation and that I may need to return to the clinic 1-14 days to assess if further hyaluronidase is needed.

A prior allergic reaction to Yellow Jacket Bees may increase my risk of allergic reactions to hyaluronidase.

I have answered the questions regarding my medical history to the best of my knowledge. If I need treatment with Hyaluronidase, I will follow the advice given for aftercare.

I consent to being treated with Hyaluronidase:

Signature _____

Date _____

Witness _____

Consent to Use Electronic Communications

Michele MacLean, M.D.
drmm12001@gmail.com
902-430-0990
www.michelemacleanmd.com

Dr. MacLean has offered to communicate using the following means of electronic communication the services [check all that apply]:

Email _____

Text _____

Video conferencing (Webex, Teams) _____

Social media _____

Website _____

Client Acknowledge and Agreement:

I acknowledge that I have read and fully understand the risks, limitations, conditions of use, and instructions for use of the selected electronic communication.

I acknowledge and understand that despite recommendations that encryption software be used as a security mechanism for electronic communications, it is possible that communications with the Physician or the Physician's staff using the Services may not be encrypted. Despite this, I agree to communicate with the Physician or the Physician's staff using these Services with a full understanding of the risk.

I acknowledge that either I or Dr. MacLean may, at any time, withdraw the option of communicating electronically through the Services upon providing written notice. Any questions I had have been answered.

Name: _____

Address: _____

Phone: _____

Email _____

Client signature: _____ Date: _____

Witness signature: _____ Date: _____