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MADE IN
GERMANY

CE



Plasma Pen™

By Louise Walsh International



Consultation & Consent Form

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🌐 www.plasmapenuk.com

Full Name:

Mobile:

Address:

Email:

Date of Birth:

Postcode:

Your Occupation:

Telephone:

Treatment Areas(s)

Consultation Introduction:

Plasma Pen by Louise Walsh International is a soft surgery, non-invasive procedure that will be performed using CE approved equipment and best practice safety and hygiene techniques to shrink, tighten, lift and rejuvenate the skin using a sterile disposable probe. Your specialist is trained and qualified by Plasma Pen, with full certification and insurance.

Before carrying out the treatment you, as a patient, are required to complete and sign all relevant areas of this consultation record to give your absolute consent to treatment. You will need to disclose your full medical history to determine whether you are a suitable candidate for your proposed treatment. If the specialist does not think you are suitable for the treatment then your treatment cannot and will not be carried out.

Your specialist will discuss your Plasma Pen procedure with you, in full, including what healing, recovery and downtime will be involved and the anticipated benefits. Realistic expectations will be agreed and any risks will be discussed. The healing process will be explained to you along with an indication of any further treatment you may require if/where necessary to achieve the expected outcomes. You will be provided with detailed written aftercare information for you to keep and refer to during the short to medium term healing process. It is absolutely essential you follow these instructions fully. Any contraindications will be recorded on this consultation form and will be used as a reference for any subsequent visits.

It is very important that you clearly mark any areas of this form that you wish to have clarified or discussed further. It is **YOUR** sole responsibility to ensure that you understand, in full, the Plasma Pen procedure you are receiving and your expected outcomes **BEFORE** your treatment commences.

You must ensure that all the points below have been discussed with your specialist technician. You are signing to state you understand and accept the terms of your treatment.

PLEASE READ ALL OF THE FOLLOWING CAREFULLY AND SIGN, WHERE INDICATED, when you are happy to proceed.

Your Treatment:

- You have chosen to undergo an elective, cosmetic, soft surgery procedure that is not medically necessary.
- "Fibroblasting" with Plasma Pen is an artistic process and not an exact science. It cannot always guarantee a measured shrinkage result due to individual skin elasticity, the individual healing process, your age, health & lifestyle.
- Results may be cumulative for optimal effects to be achieved. You will be required to return for a review and potentially additional treatments before your overall procedure is deemed complete. The payment for any additional work, if applicable, will always be agreed with you prior to your treatment commencing.
- Depending upon the area of your treatment, additional treatments cannot be performed until 6-12 weeks after the date of your initial treatment. This is in order to allow the area treated to fully heal and for the full benefit of Plasma Pen to be apparent before reworking the same area.
- Your specialist will use this treatment plan to record the areas that you have chosen, any topical anaesthetic used, the probe used as well as pre and post treatment photographs. This information will be held securely in your consultation record. Without these photographs and these signed documents/forms then your technician cannot carry out treatment.
- The skin type of every client is different, and the healing process may, in rare cases, lead to some discolouration of the skin. Other relevant treatment may be advised after the healing process is complete should this ever be the case.
- During your treatment you may experience some minor discomfort depending on the area being treated and your own unique sensitivities. Your specialist will reassure you throughout and endeavour to make you feel as comfortable as possible. We use the best device, technique and products to mitigate any discomfort for you and our device is proven to deliver rapid treatments, the shortest downtimes, the fastest recovery and optimal results.
- The treatment includes delivering highly controlled, precise and predictable micro trauma to the surface of your skin with plasma gas in a completely safe and non-invasive way. We work above the skin, we do not cause or leave any open wound, we do not damage surrounding tissue and there is no risk of infection although you may experience a mild smell of charring during your treatment. This is perfectly normal.
- After each treatment some swelling or redness will occur which is completely normal. In some instances there may be moderate to heavy swelling, especially on upper and lower blepharoplasty treatments. Again this is normal and your specialist will give you appropriate advice and aftercare technique to help control this.
- Brown dots/carbon crusts will be visible for approximately 3 to 10 days following your procedure. In some rare cases they will desquamate (flake off) to be replaced with pink markings while the skin is regenerating. This could last for up to 8 weeks and will resolve itself naturally as the skin heals sub-dermally. This is a rare occurrence and can't be predicted.
- You must adhere to the specialist's aftercare advice given to you following your treatment. This is very important as it will reduce the risk of any post-procedural infection upon leaving the clinic and help underpin the results you are looking to achieve. You must let the treated area heal properly. Avoid picking, plucking or knocking the carbon crusts as this will hinder the healing process and could make the treatment appear uneven which may then

Consent:

I understand that my specialist technician will be in direct contact with me in relation to the Plasma Pen treatment. This treatment involves the use of disposables. All equipment is sterilized before use, all surfaces involved in the process are protected, gloves will be worn at all times and my Plasma Pen will look to use medical asepsis conditions and no-touch technique throughout. In the UK, my specialist will follow guidelines as outlined in section 15 of the Local Government Act 1982 and any other legislation relevant elsewhere. I hereby give written consent to the specialist, who is a fully trained and insured Plasma Pen technician, to carry out the treatment of my choice as requested by me. I have observed that the device being used is a genuine and branded Plasma Pen by Louise Walsh International device.

Client Signature:

Your Name:

Technician Signature:

Date:

Photographic/Video Consent:

I hereby grant consent to photographs being taken BEFORE, DURING and AFTER my Plasma Pen procedure. I agree to these being stored with my case file.

Client Signature:

I hereby give additional consent for my before, during, after & healed photographs to be used for advertising & social media purposes.

Client Signature:

Patch Test/Waiver: For liquid products used (Tick A or B and sign to acknowledge C):

I understand that a skin test can determine whether I will experience a reaction to the products used by the specialist within 48 hours of the treatment. However, I accept this will be inconclusive as to whether I will have an allergic reaction at any time in the future. I therefore waive my option to an allergy test and thus wish to proceed with treatment.

I have undergone or been offered an allergy test prior to initial treatment. In the line with the relevant medical information and contraindications that will be discussed with my specialist, I release the specialist from liability related to any allergic reactions I may experience associated with either the application of any pre-treatment cream or any other products used before, during or after the procedure, either today or at a later date.

If relevant to my local authority/relevant regulator, I can confirm that I have purchased and applied any over the counter topical anaesthetic used for my treatment myself.

Client Signature:

Previous Treatment History:

YES NO

Have you received any skin tightening treatment before?

If YES please answer the following questions

What procedure(s) did you receive?

Where you happy with the result?

If NO, please explain the reasons why

Medical History, Conditions & Lifestyle Questionnaire & Informed Consent:

For your safety and the delivery of a professional treatment, it is absolutely essential that you answer all of the following questions accurately. Please note that answering positively or negatively to many of the questions will not necessarily prevent treatment - it may simply mean your technician will follow specific best practice. If you suffer from any of the conditions listed then it is very important therefore that you notify your specialist so that they can take all the necessary precautions to ensure you receive the best Plasma Pen treatment and avoid any potential risks to your health or wellbeing:

General Questions

YES NO

Are you over the age of 18?

Are you pregnant and/or nursing (please state if you have been in the last 9 months)?

Allergies

Do you have any allergies or have you ever experienced allergic reactions to any kinds of medicines, foods, skincare products or products like latex gloves, plasters etc.? If so, please list:

Do you or have you ever suffered an allergic reaction to any local/topical anaesthetics such as Benzocaine, Lidocaine, Tetracaine or epinephrine?

Do you have an allergy to Aloe Vera, Silver, Colloidal Silver or SPF? If so please list:

Do you have an allergy to penicillin?

Medicines, Medical Treatment & Medical Conditions

Have had a hysterectomy in the last 6 months or do you intend to have one in the next 12 weeks?

Have you suffered with any form of diagnosed hormone imbalance in the last 9 months? If so, is it now under control?

Are you currently undergoing any medical treatment and/or have you received any medical treatment within the last 6 months? If so, please list:

Are you currently taking any medication or supplements? If so, please list what you are taking and for what condition. This should include any remedies that you are buying over the counter as well as any prescribed and/or herbal medicines:

Do you knowingly suffer from any infectious diseases or any other acute or chronic diseases? If so, please list:

Do you suffer from uncontrolled, high or low blood pressure? Do you have any other kind of circulatory issues or deficiencies including Ischemic Tissue and Thrombosis?

Do you suffer from epilepsy, dizziness, fainting attacks or any other seizure related condition? If so please list:

Are you taking any anti-coagulants (blood thinning medications) such as Warfarin, Apixaban, Dabigatran, Edoxaban and Rivaroxaban?

Do you suffer from an auto-immune disease such as Lupus, MS, Scleroderma, Shingles, Psoriasis etc.? If so, please list:

Do you suffer from diabetes? If so, please state if controlled:

please list:

Do you have any heart problems or conditions? Do you have angina? Do you have a pacemaker? Do you have any other cardiovascular condition?

Do you suffer from Haemophilia or any other type of blood disorder such as Anaemia, Thalassemia, Polycythemia, Leukemia, Lymphoma, MDS, Myeloma and Thrombocythemia? If so please list:

Do you suffer from kidney and/or liver disease?

Do you have any history of malignant cancer? If yes, have you had any radiation or chemotherapy treatment and, if so, when?

Have you ever had an organ transplant?

Do you suffer from HIV/AIDS?

Do you suffer from Hepatitis?

Do you suffer from Herpes Simplex Virus (commonly referred to as cold sores)?

Do you have any prosthetic implants or any plates or pins in the area being treated by Plasma Pen?

Recent Cosmetic Treatments

Do you have, or are you planning to have anything like botox, fillers, laser treatment, chemical peels, microneedling or cosmetic surgery in the near future? Have you had any in the last 3 months? If so please list/state:

Have you ever had any recent Permanent Make Up (PMU) or cosmetic treatment? If so when and did you experience any problems healing?

Optical

Are you currently wearing contact lenses?

Are you currently wearing eyelash extensions?

Have you had Laser Eye Surgery in the last 3 months?

Do you have any major visual impairment?

Do you currently have a corneal abrasion or retinal detachment?

Do you suffer from Glaucoma, Cataracts, Dry Eye, Styes/Conjunctivitis or Frequent Eye Infections?

Lifestyle Questions

Have you been actively sunbathing recently (if yes please elaborate)?

Do you have any imminent holiday plans in the sun?

Are you in good physical and mental health?

Are you currently under the influence of alcohol or drugs?

Do you suffer with body dysmorphia?

Are you aware that, post-treatment, you may not look your best for the next few days, that there will be period of downtime, that you may potentially experience some minor discomfort, redness and swelling and that you are expected to follow an aftercare regime?

Do you feel fit, well and informed enough to have the Plasma Pen procedure today?

Is there any other ailment or reason you feel we should know about which could prevent us from delivering your Plasma