

CONFIDENTIAL CLIENT ASSESSMENT AND TREATMENT RECORD

Name : _____ Gender : M ☐ F ☐
 Address : _____ Age : _____
 _____ Weight : _____
 Phone : _____ Height : _____

MEDICAL HISTORY / PATIENT ASSESSMENT

General Health : ☐ No issues ☐ Minor issues ☐ Chronic issues

Smoking History : ☐ Never Smoked ☐ Ex-smoker
☐ Light smoker ☐ Heavy smoker

Sun Exposure : ☐ Never use sun screen ☐ Occasionally use sun screen
☐ Always use sun screen

Do you have any of the following conditions?

Active severe or cystic facial ACNE¹ ☐ YES ☐ NO
 Open facial wound or lesion¹ ☐ YES ☐ NO
 Metal stents in the treatment area² ☐ YES ☐ NO
 Implanted electrical devices³ ☐ YES ☐ NO
 Pregnancy or lactating³ ☐ YES ☐ NO
 Suffering from migraines³ ☐ YES ☐ NO
 Suffering from Bell's palsy³ ☐ YES ☐ NO
 Haemorrhagic or bleeding disorders³ ☐ YES ☐ NO
 Mechanical or other implants in the treatment area² ☐ YES ☐ NO
 Active or local skin disease that may alter wound healing³ ☐ YES ☐ NO
 Autoimmune Disease³ ☐ YES ☐ NO
 Epilepsy³ ☐ YES ☐ NO
 Herpes or cold sores³ ☐ YES ☐ NO
 Diabetes³ ☐ YES ☐ NO

1: Ultraformer is contraindicated for use.

2: Ultraformer is not recommended for use directly over this.

3: Ultraformer has not been evaluated for use

Do you have any allergies? If so, specify : _____

Do you have any chronic illness? If so, specify : _____

HAVE YOU UNDERGONE ANY OF THE FOLLOWING COSMETIC PROCEDURES IN THE BROW OR LOWER FACE AND NECK AREA?

Facial skin tightening procedure treatment within the last 1 year ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Filler Injection within the last 3-6 months ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Botulinum Toxin Injection within the last 3-6 months ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Ablative resurfacing laser treatment ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Non-Ablative rejuvenating laser treatment ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Dermabrasion, microdermabrasion or deep facial peels ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Liposuction in the treatment areas ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

Facelift or blepharoplasty or brow lift ☐ YES ☐ NO

Treatment name : _____

Location treated : _____

Date of last treatment : _____

MEDICATION

Are you currently taking any of following medications below?

Accutane within the last 12 months ☐ YES ☐ NO

Anticoagulants or antiplatelet drugs ☐ YES ☐ NO

Immunosuppressant drugs ☐ YES ☐ NO

List all medications and supplements below. Be sure to include all prescription or non-prescription medications.

If you are not taking any medications or supplements, please check here : ☐

MEDICATION	DISEASE / REASON	DOSE	FREQUENCY	DATE STARTED	DATE LAST TAKEN

PATIENT ASSESSMENT (Clinician Use Only)

UPPER FACE (FOREHEAD / EYES)	NONE	MILD	MODERATE	SEVERE
Skin Laxity : Sagging skin or hooding on the eyelid; eyelid droopiness				
Volume : Presence of eye bags; infra-orbital puffiness				
Skin Quality : Fine lines, crepiness/wrinkles, and/or poor elasticity/ frown lines, forehead lines, smile lines				
LOWER FACE (CHEEKS / JAWLINE)	NONE	MILD	MODERATE	SEVERE
Skin Laxity : Fine lines, crepiness/wrinkles, and/or poor elasticity				
Volume : Presence of heaviness in lower face, loss of jaw definition, and/or nasolabial fold				
Skin Quality : Fine lines, crepiness/ wrinkles, and/or poor elasticity				
SUBMENTUM	NONE	MILD	MODERATE	SEVERE
Skin Laxity : Fine lines, crepiness/wrinkles, and/or poor elasticity				
Volume : Presence of excessive subcutaneous fat				
Skin Quality : Fine lines, crepiness/ wrinkles, and/or poor elasticity/Loss of jaw definition / Laxity over jaw line				
NECK	NONE	MILD	MODERATE	SEVERE
Skin Laxity : Fine lines, crepiness/wrinkles, and/or poor elasticity				
Volume : Thickness of skin / amount of tissue, presence of neck folds				
Skin Quality : Fine lines, crepiness/ wrinkles, and/or poor elasticity				

OVERALL ASSESSMENT

CLINICAL NOTES:

PATIENT SKIN CONCERNS:

EXPECTED CLINICAL OUTCOMES and treatment goal:

WHAT IS THE PATIENT AGING STYLE? (1 Sinker, 2 Sagger, 3 Wrinkler)

PATIENT OVERALL LAXITY RATING: (1-6)

COMBINATION TREATMENT and treatment plan:

PRESCRIPTION FOR TREATMENT

TREATMENT 1:

TREATMENT 4:

TREATMENT 2:

TREATMENT 5:

TREATMENT 3:

TREATMENT 6:

RESULTS MAINTENANCE

REVIEW APPOINTMENT:

MAINTENANCE APPOINTMENT:

CONSULTATION RECORD

PATIENT:

TREATMENT CHECKLIST	
Pre-treatment photos taken :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Procedure reviewed with patient :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Patient questions answered :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Informed Consent signed :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Photo Consent signed :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ultraformer III treatment date :	
Pre-medication order :	
Ultraformer III treatment record printed from system :	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ultraformer III patient record completed :	<input type="checkbox"/> YES <input type="checkbox"/> NO

PROGRESS NOTES

FOREAHEAD:

CARTRIDGE / DEPTH:	1.5mm	2.0mm
LINES / PULSES:		
ENERGY / POWER:		
PITCH / DENSITY:		
OTHER NOTES:		

CHEEKS:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm
LINES / PULSES:				
ENERGY / POWER:				
PITCH / DENSITY:				
OTHER NOTES:				

NECK:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm
LINES / PULSES:				
ENERGY / POWER:				
PITCH / DENSITY:				
OTHER NOTES:				

SPOT TREATMENT:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm
LINES / PULSES:				
ENERGY / POWER:				
PITCH / DENSITY:				
OTHER NOTES:				

CLINICIAN:

TREATMENT DATE:

FOLLOW UP CHECKLIST	
Aesthetic care plan discussed :	
Three month follow-up appointment scheduled :	
1st follow-up date	Photos taken <input type="checkbox"/> FV <input type="checkbox"/> R45 <input type="checkbox"/> R90 <input type="checkbox"/> L45 <input type="checkbox"/> R90
2nd follow-up date	Photos taken <input type="checkbox"/> FV <input type="checkbox"/> R45 <input type="checkbox"/> R90 <input type="checkbox"/> L45 <input type="checkbox"/> R90
TREATMENT #:	
NEXT TREATMENT:	
OTHER:	

EYES:

CARTRIDGE / DEPTH:	1.5mm	2.0mm
LINES / PULSES:		
ENERGY / POWER:		
PITCH / DENSITY:		
OTHER NOTES:		

SUBMENTUM:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm	6.0mm
LINES / PULSES:					
ENERGY / POWER:					
PITCH / DENSITY:					
OTHER NOTES:					

SPOT TREATMENT:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm
LINES / PULSES:				
ENERGY / POWER:				
PITCH / DENSITY:				
OTHER NOTES:				

SPOT TREATMENT:

CARTRIDGE / DEPTH:	1.5mm	2.0mm	3.0mm	4.5mm
LINES / PULSES:				
ENERGY / POWER:				
PITCH / DENSITY:				
OTHER NOTES:				

SIGNATURE: