
Botulinum Toxin Treatment Record for Patient Log

Patient name/number _____

Justification for treatment:

Special precautions including depth and angle of injection, volume injected, vasculature, pressure of injection:

Product used and justification of choice:

Injection technique:

Post treatment advice:

Patient/client consent to use photographs (pre and post) and documentation for entry into my portfolio (they will not be used on any platform or seen by any third party other than Facethetics Training without further consent)

Patient/client signature _____ Date _____

Botulinum Toxin Treatment Record for Patient Log

Patient Name/number _____

Date of Birth _____

Medical History completed <input type="checkbox"/> Time of treatment: Gender:

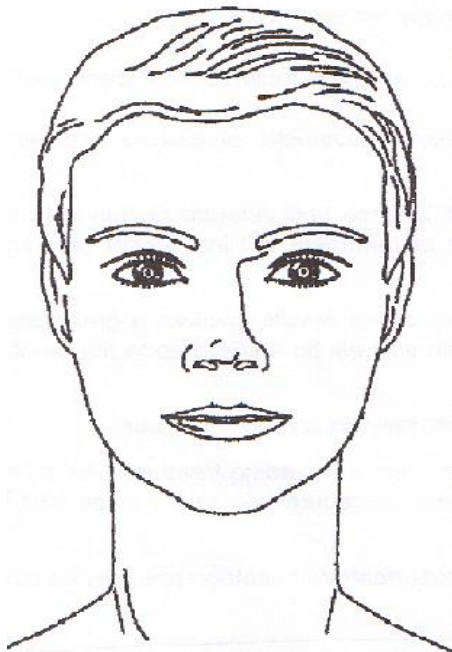
Treatment Areas:

Dosage:

Local / Topical Anaesthesia:
Dilutant:

Batch numbers:	Expiry:

Treatment areas



Treatment observations / comments: Muscle movement identified and marked pre-treatment. <input type="checkbox"/> Skin cleansed with _____ <input type="checkbox"/> Aftercare <input type="checkbox"/> Review date given <input type="checkbox"/> Next treatment due date given <input type="checkbox"/> REVIEW NOTES – Changes to health checked <input type="checkbox"/> Outcome of review:
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Date _____

Signature _____

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Skin Assessment (Glogau/wrinkle severity):

Main concerns as described by patient/client:

Reason for requesting treatment:

Patient/client expected outcomes of treatment:

Treatment plan including any skincare advice/health advice:

Price discussed:

Continuous Professional Development

CPD Reflective Learning

Patient/client name/number: _____

CPD Event & Date	
What did you learn?	
How will it aid your role? Or Approach to future treatments?	
What did you find useful?	
Action to be taken as a result of this/these treatments?	
Any other comments:	