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**Dermal Filler Treatment Record for Patient Log**

**Patient name/number** \_\_\_\_\_

Justification for treatment:

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

Product used and justification:

Equipment used and justification:

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 \_\_\_\_\_

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Patient Name/number \_\_\_\_\_

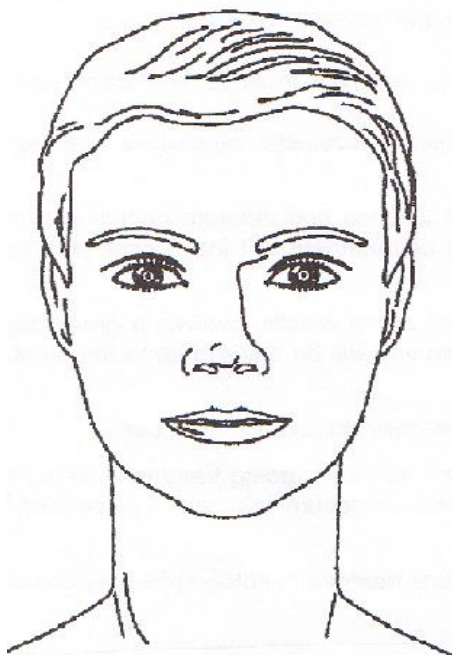
Date of Birth \_\_\_\_\_

Medical History completed <input type="checkbox"/> Time of treatment ..... Gender: .....
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Treatment Areas:	Product and Quantity:
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Local / Topical Anaesthesia: .....	Batch numbers:	Expiry:
Dilutant: .....		

Treatment areas



Date \_\_\_\_\_

Signature \_\_\_\_\_

Treatment observations / comments: _____ _____ _____ _____  Marked pre-treatment. <input type="checkbox"/> Skin cleansed with _____ <input type="checkbox"/> Aftercare <input type="checkbox"/>  Equipment used: _____
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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:

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## Continuous Professional Development

### CPD Reflective Learning

Patient/client name/number: \_\_\_\_\_

<b>CPD Event &amp; Date</b>	
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:	