MADE IN GERMANY

Plasma Pen™

Consultation & Consent Form

1.0 Client Details:

Full Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Date of Birth:

Your Occupation:

Treatment Areas(s):

1.2 Consultation Introduction:

Plasma Pen by Louise Walsh International is a soft surgery, non-invasive procedure that will be performed using CE/TGA 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.

1.3 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 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.. 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 require further work. Your aftercare regime can make a huge difference to your ultimate end result
- Please be aware that any subsequent skin altering, medi-aesthetic and cosmetic surgery, implants, injectables and weight gain may alter the Plasma Pen look

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:

1.4 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.

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

Client Signature:

1.5 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 waiver 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:

1.6 Previous Treatment History:

Have you received any skin tightening treatment before?

( ) Yes ( ) No

If YES please answer the following questions:

What procedure(s) did you receive?

Where you happy with the result?

( ) Yes ( ) No

If NO please explain the reason why:

1.6 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 well-being:

General Questions

Are you over the age of 18?

Yes No

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

Yes No

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:

Yes No .....

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:

Yes No .....

Do you have an allergy to penicillin?

Yes No

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?

Yes No

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

Yes No

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

Yes No

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:

Yes No

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

Yes No

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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Do you have any respiratory problems such as Asthma or pulmonary problems like Emphysema, COPD or Bronchitis? If so, please list:

Yes No

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

Yes No

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

Yes No

Do you suffer from kidney and/or liver disease?

Yes No

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

Yes No

Have you ever had an organ transplant?

Yes No

Do you suffer from HIV/AIDS?

Yes No

Do you suffer from Hepatitis?

Yes No

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

Yes No

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

Yes No

Recent Cosmetic Treatments

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

Yes No

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?

Yes No

Are you currently wearing eyelash extensions?

Yes No

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

Yes No

Do you have any major visual impairment?

Yes No

Do you currently have a corneal abrasion or retinal detachment?

Yes No

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

Yes No

Lifestyle Questions

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

Yes No

Do you have any imminent holiday plans in the sun?

Yes No

Are you in good physical and mental health?

Yes No

Are you currently under the influence of alcohol or drugs?

Yes No

Do you suffer with body dysmorphia?

Yes No

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?

Yes No

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

Yes No

Is there any other ailment or reason you feel we should know about which could prevent us from delivering your Plasma Pen treatment? If so please state:

1.7 Plasma Pen Treatment Plan:

This part of the consultation record is used to record important elements of your treatment. THIS IS TO RECORD THE TREATMENT OF ONE AREA ONLY. All other treatments will be recorded on a separate treatment plan.

Treatment area(s) to be delivered (please list):

Number of treatments recommended:

Fine Lines/Rejuvenation	1	2	3	4	5
Medium Depth Wrinkles	1	2	3	4	5
Deep Wrinkles	1	2	3	4	5
Complex Area(s)	1	2	3	4	5

Techniques Used:

- Low Intensity (Spray Only)
- Medium Intensity (Pointillism Only)
- High Intensity (Spray & Pointillism)

What is the predicted outcome of treatment?

Do I have any specific recommendations or notes?

Predicted Duration Of Healing:

- ◯ Days of Inflammation
- ◯ Days of Carbon Crusts
- ◯ Weeks of Pinkness
- ◯ Weeks of Sub-Dermal Renewal
- ◯ Weeks until Fully Healed

Aftercare Advised:

- ◯ Days of Silver Colloidal Gel
- ◯ Days of Tinted Aftercare Balm
- ◯ Weeks of SPF 50
- ◯ Weeks of Vitamin C Supplement
- ◯ Weeks of Other Product List:

Technician Signature:

Date:

1.8 The Fitzpatrick Scale - Your Skin Type:

The Fitzpatrick Skin Type is a skin classification system. Skin Types range from very fair (Type I) to very dark (Type VI). Outside of specialist practitioners with specific training and access to specific products and mitigators then only skin types I, II and III on this scale can safely be treated with full Plasma Pen treatment. When dark/black skin is injured (i.e. through the micro-trauma created by Plasma Pen), there is a greatly increased risk of hyperpigmentation or hypopigmentation. If you have Indian or African ancestry it is unlikely your technician will be able to treat you safely unless they are performing limited spray rejuvenation work and/or have specialist training and the relevant products and mitigators in place.

Your Skin Type:

If you have spent time in the sun recently you may (temporarily) present as darker than your true skin type. If so you should ideally delay your Plasma Pen procedure and stay out of the sun until your skin returns to a treatable skin type.

In conjunction with an electronic skin sensor that your technician may use, as a guide, you MUST accurately and honestly complete this questionnaire to help determine your skin tone. This quiz measures your genetic disposition and your reaction to sun exposure. Each answer is assigned a unique score and your total score will give us your Skin Type.

Fitzpatrick Skin Type Test - Part One: Your Genetic Disposition

(1) What is your natural eye colour?

Light blue, light grey or light green	0	○
Blue, grey or green	1	○
Hazel or light brown	2	○
Dark brown	3	○
Brownish black	4	○

(2) What is your natural hair colour?

Red or light blonde	0	○
Blonde	1	○
Dark blonde or light brown	2	○
Dark brown	3	○
Black	4	○

(3) What is your natural skin colour (before sun exposure)?

Ivory white	0	○
Fair or pale	1	○
Fair to beige, with golden undertone	2	○
Olive or light brown	3	○
Dark brown or black	4	○

(4) How many freckles do you have on unexposed areas of your skin?

Many	0	○
Several	1	○
A few	2	○
Very few	3	○
None	4	○

Total score for your genetic disposition:

Fitzpatrick Skin Type Test - Part Two: Your Sun Exposure

(1) How does your skin/face respond to the sun?

Always burns, blisters and peels	0	○
Often burns, blisters and peels	1	○
Burns moderately	2	○
Burns rarely, if at all	3	○
Never burns	4	○

(2) Does your skin tan?

Never – I always burn	0	○
Seldom	1	○
Sometimes	2	○
Often	3	○
Always	4	○

(3) How deeply do you tan?

Not at all or very little	0	○
Lightly	1	○
Moderately	2	○
Deeply	3	○
My skin is naturally dark	4	○

(4) How sensitive is your face to the sun?

Very sensitive	0	○
Sensitive	1	○
Normal	2	○
Resistant	3	○
Very resistant/Never had a problem	4	○

Total score for your sun exposure:

Total Score For Part One And Part Two:
Total score:

The total score above for Parts One, Two and Three can now be matched to the Skin Types listed below to help determine your own skin type.

Type I: 0 to 6 points
Light, pale white. Always burns easily, never tans.

Type II: 7 to 12 points
White, fair. Always burns easily, tans minimally.

Type III: 13 to 18 points
Medium white to olive. Burns moderately, tans gradually.

Type IV: 19 to 24 points
Olive, moderate brown, Burns minimally, tans well.

Type V: 25 to 30 points
Brown, dark brown. Burns rarely, tans profusely.

Type VI: 31+ points
Very dark brown to black, black. Never burns, deep pigmentation.

1.9 Fitzpatrick Skin Type Test - Technician Agreement

I, the Plasma Pen Elite Technician, confirm that I have carefully checked the client's responses to this questionnaire. I have totalled the scores / checked the total score and I concur that the patients current Skin Type is as follows (please tick):

Skin type:

I ◯ II ◯ III ◯ IV ◯ V ◯ VI ◯

Technician Signature:

Date:

Recorded Documentation:

Probe(s) Used: **Lot/Expiry:**

Anaesthetic Used: **Lot / Expiry:**

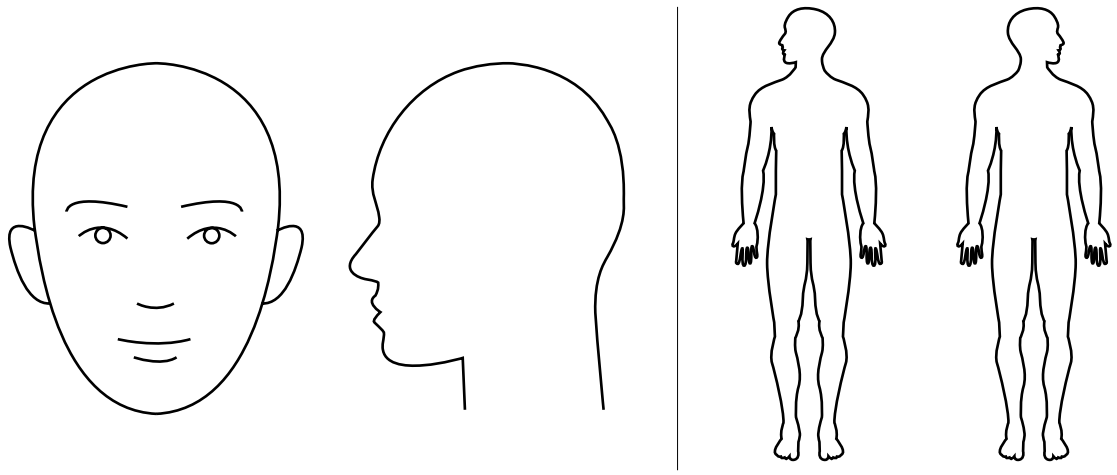
Fitzpatrick Skin Type:

(1) ◯ (2) ◯ (3) ◯ (4) ◯ (5) ◯ (6) ◯

Photographic Evidence Taken:

◯ Yes ◯ No

Areas Treated:



Observed Tolerance Level (1 lowest, 10 highest):

1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯

Please record any relevant comments below which were made by the client and/or made to the client after the procedure and provide any information relating to further treatments required etc:

Post Treatment Confirmation:

◯ I, the client can confirm that my procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns about my treatment with my technician. I fully understand the aftercare instructions and I have been provided with an aftercare document which I commit to follow. Where relevant I have been provided with aftercare product. I have the contact details of my technician should I need to contact them.

Client signature:

Date:

Technician name:

Technician contact details: