

Aesthetic medicine pre-procedure information and health declaration

Before your aesthetic medicine procedure, please read the information below and answer the health questions honestly and as fully as possible. This helps the specialist assess the suitability and safety of the procedure. If you are unsure whether a particular condition, medicine or other circumstance is relevant, please let us know anyway.

Fill in the form on your computer or phone, save it and send it to us (preferably encrypted or digitally signed) at info@citytervisekliinik.ee. You can also print the form and fill it in by hand.

Patient name

Personal identification code

Date

Specialist

Reason for visit

Which area or concern are you seeking treatment for?

Previous aesthetic procedures

Have you previously had any aesthetic medicine procedures?

No

Yes. Please indicate the procedure, treated area and approximate date:

Have you experienced any side effects or complications from previous procedures?

No

Yes. Please describe:

Has a filler, threads or an implant been used, or has a surgical procedure been performed, in the area to be treated?

No

Yes. Please specify what and when:

Allergies and hypersensitivity

Do you have any allergies or have you ever had a hypersensitivity reaction?

No known allergies

Yes: medicines / local anaesthetic or lidocaine / antiseptic / latex / aesthetic medicine product / other

Please indicate the substance that caused the allergy and describe the reaction:

Have you ever had a severe allergic reaction or anaphylaxis?

No

Yes. Please specify:

Health status

Please tick everything that applies to you:

I am pregnant, planning a pregnancy or breastfeeding

I have a chronic skin condition, such as psoriasis

I have a blood clotting disorder or a tendency to bleed or bruise easily

I have a heart or cardiovascular disease

I have an autoimmune disease or am receiving treatment that affects the immune system

I have diabetes or another chronic illness

I have a neuromuscular disease

I have had problems with wound healing or keloid scarring

I currently have an acute illness, fever or infection

there is active inflammation, herpes, infection, a wound, a rash or another skin change in the area to be treated

I have another health condition or circumstance that may affect the procedure

none of the above applies to me

Details:

Medicines and dietary supplements

Do you regularly take, or have you recently taken, any medicines, dietary supplements or herbal products?

No

Yes. Please list them:

Please indicate separately if you take medicines that affect blood clotting, antibiotics, corticosteroids, medicines that affect the immune system or acne medication.

Recent and planned procedures

Have you recently had, or are you planning in the near future, dental treatment, oral surgery, an operation, vaccination, a laser procedure, a chemical peel or another aesthetic procedure?

No

Yes. Please indicate the procedure and date:

Preparation before the procedure

- If possible, come to the procedure rested and feeling well.
- Avoid alcohol for at least 24 hours before the procedure.
- Avoid strongly irritating, squeezing or exfoliating the area to be treated, and avoid aggressive skincare products.
- If possible, come to the procedure without make-up.
- Inform the specialist if you have fallen ill or started a new medicine, including an antibiotic, before the procedure.
- Do not stop taking medicines prescribed by your doctor, including blood thinners, on your own. Any change to or temporary interruption of a medicine must be agreed in advance with the doctor who prescribed it.
- Also tell the specialist about any over-the-counter medicines and dietary supplements that may increase the risk of bleeding or bruising.
- Follow the preparation instructions given to you for your specific procedure.

The procedure may need to be postponed if there is an active infection, herpes, severe inflammation or another acute skin problem in the area to be treated, or if your general health has changed since the appointment was booked. In that case, please contact the clinic before your visit.

After the procedure

After the procedure, we will give you detailed aftercare instructions for the procedure performed. Depending on the procedure, the skin may be temporarily sensitive, red or swollen. Please follow the specialist's instructions and contact the clinic if you experience an unexpected or worrying reaction.

Patient confirmation

I have read and understood the information provided in this document.

I have provided the information known to me about my health, medicines, allergies and previous procedures honestly and as fully as possible.

I will inform the specialist before the procedure if my health or my use of medicines changes.

I understand that this health declaration does not replace the information provided about a specific procedure or the procedure-specific informed consent.

Patient name

Date

Patient signature (handwritten or digital)

Specialist who took the medical history