

ANGEL HANDS AESTHETICS

INJECTABLE FAT DISSOLVING - CONSULTATION FORM

(For Lemon Bottle and Aqualyx)

Section 1: Client personal details

All information is kept strictly confidential.

Full Name: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

Address: _____

How did you hear about us? Google Social Media Recommendation Flyer Other: _____

Section 2: Treatment selection and goals

Please tick which product you are having.

- Lemon Bottle - used to support fat reduction, skin firming and skin texture.

- Aqualyx - used to target small stubborn pockets of fat.

Area(s) to be treated:

Double Chin / Jawline Abdomen / Tummy Love Handles / Waist Bum / Hips

Inner Thighs Outer Thighs Inner Knees Back / Bra Line Upper Arms / Bingo Wings

Other: _____

Main concern / what would you like to improve?

Ideal result:

Current measurements / photo reference taken: Yes No

Have you had fat dissolving injections or similar treatments before? Yes No

If yes, please give details: _____

Have you had surgery, liposuction or injury in the treatment area in the last 12 months? Yes No

Are you currently following a diet or exercise programme? Yes No Not sure

Section 3: Medical history

This helps us ensure treatment is safe and suitable for you. Please answer honestly.

Question	Yes	No
Do you have poor circulation, blood clots or history of DVT?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes, heart conditions, high or low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any autoimmune conditions or immune system disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have liver or kidney disease / reduced liver or kidney function?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any skin infections, open wounds, eczema, psoriasis or scars in the treatment area?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a history of keloid scarring or abnormal healing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant, breastfeeding or planning to become pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have allergies, especially to soya, phosphatidylcholine, deoxycholic acid or product ingredients?	<input type="checkbox"/>	<input type="checkbox"/>
Are you allergic to local anaesthetic / lidocaine?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from nerve conditions or numbness in the area to be treated?	<input type="checkbox"/>	<input type="checkbox"/>

Question	Yes	No
Have you had any vaccination in the face/body area within the last 2 weeks?	[]	[]
Do you smoke or drink alcohol regularly?	[]	[]
Are you taking any medication, supplements or anti-inflammatory drugs?	[]	[]

Please list any other health issues or details we should know:

Section 4: Treatment information and what to expect

How the treatments work

- Lemon Bottle is used to support fat reduction, skin firming and skin texture.
- Aqualyx targets small stubborn pockets of fat. The body then processes the treated fat naturally.
- Both are injected into the fatty area using fine needles.

Recommended treatment plan

- Most areas require 2-4 sessions.
- Sessions are spaced 2-4 weeks apart.
- Each session takes around 30-45 minutes depending on area size.
- Results usually develop over 2-6 weeks.
- Results depend on maintaining a healthy lifestyle.

Possible risks and side effects

- Swelling, redness, bruising or tenderness at injection sites.
- Mild pain, stinging or burning sensation immediately after treatment.
- Hardness or lumpy feeling under the skin, mild itching or warmth.
- Rarely, infection, uneven results or scarring.

Strict aftercare instructions

- Drink 2 litres of water every day for 3 days.
- Massage the treated area gently twice a day for 5 minutes if advised.
- Avoid alcohol and caffeine for 48 hours.
- Avoid hot baths, saunas, steam rooms, sunbeds or heat packs for 72 hours.
- Avoid heavy exercise or high impact activity for 48 hours.
- Do not apply strong creams, perfumes or makeup directly to the treated area for 24 hours.
- Contact the clinic immediately if you have extreme pain, severe swelling or fever.

Section 5: Consultation outcome

Practitioner Assessment:

Recommendation: Suitable for treatment - proceed Further information/tests needed Not suitable Alternative treatment recommended

Product to use: _____

Area(s) to treat: _____

Number of sessions: _____

Time between sessions: _____ weeks

Cost per session: £ _____

Total course cost: £ _____

Section 6: Client consent

I confirm that all medical information I have given is true and correct. I understand how the treatment works, that results vary, and that I have been informed of possible risks, side effects and aftercare rules. I agree to proceed with the treatment plan as discussed.

Client Signature: _____ Date: _____

Practitioner Name: Dolores Bishop

Practitioner Signature: _____ Date: _____