Patient Treatment Record

Treatment type: Botulinum Toxin ☐   Filler ☐   **Date of Treatment:** _____

DELEGATE: _____

Date : _____

Treatment #: _____

CLINICAL LOG

Patient Initials: _____   **Gender:** ___

Date of birth: _____

Treatment: _____

Skin Preparation: _____

Skin Quality: _____

Site treated: _____

Product used: _____

Batch No. _____

Expiry Date: _____

Units used: _____

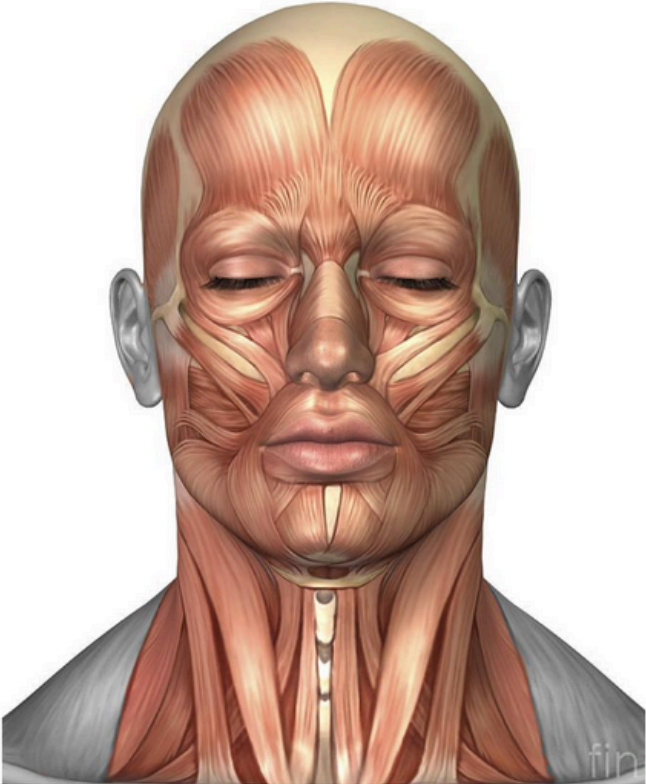**Dilutant used:** _____

Additional products used: _____

Complications / Adverse Effects:

☐ Bruising

☐ Swelling

☐ Other: _____

☐ Consent signed/confirmed

☐ Medical history checked

☐ Dated clinical photographs - Pre/post-treatment

☐ Post-treatment advice given

ANNOTATE TREATMENT ON IMAGE

Notes:

Reference to:
LO 1:3.1, 3.2, 4:2.1, 3.1, 3.2, 3.3

Clinical Log:

Reference to:

Relevant background information to consultation/ presenting condition: (include details of factors that may contribute to presenting condition, e.g. 'sleep' wrinkles)

LO: 4:2.1

Diagnosis of presenting condition(s) including any underlying health conditions or potential contraindications to treatment:

LO: 2:1.2,2.1,3.1 4:3.1, 3.2 5:3.1, 3.2

Differential diagnosis (if applicable):

Proposed treatment plan:

LO: 4:3.2

Alternative treatment options discussed with patient:

LO: 1:3.2 4:2.2 5.2.2

Summarise the consultation to include degree of challenge, what was achieved, and what issues may arise later from consultation or treatment.

Trainer Name:

Trainer Signature:**

REFLECTIVE LOG
(This reflective log does not need to be completed on the day of treatment, but should be submitted with your informal marking submission)

Description of experience:

What are your **feelings** and thoughts about the experience

Evaluation: What was good and bad

Analysis: Making sense of the situation

Conclusion: What was learnt and what could have been done differently

Action Plan: For the future