Lip Threading

LIP THREADING

Status: active Form type: default Company: Acme Inc

This consent form is intended to ensure you fully understand the Lip Threading treatment, its purpose, potential benefits, possible risks, aftercare requirements, and available alternatives. Please read carefully before signing. If anything is unclear, your healthcare provider will be happy to explain further before you proceed. Lip threading, also known as the lip lift or thread lift, is a non-surgical cosmetic procedure used to enhance the shape, volume, and symmetry of the lips. The treatment involves the insertion of absorbable threads beneath the skin of the lips. These threads stimulate collagen production and can provide a subtle lift and definition to the lips without the need for fillers or surgery. Lip threading is commonly used to enhance the vermilion border (the edge of the lips), reduce the appearance of fine lines around the mouth, and improve lip volume. The benefits of lip threading include enhanced lip shape, improved definition, and a fuller appearance. The procedure also stimulates collagen and elastin production, which can lead to a more youthful appearance over time. Lip threading provides a more natural and long-lasting result compared to lip fillers, and the threads gradually dissolve in the skin, leaving behind natural-looking volume. The procedure is quick, relatively comfortable, and requires minimal downtime. As with all medical treatments, there are risks. Common side effects include mild swelling, bruising, redness, or tenderness at the treatment sites, which usually resolve within a few days. Less common risks include infection, thread migration, or the formation of lumps or bumps under the skin. In rare cases, there may be an allergic reaction to the threads, or the results may not meet expectations, requiring touch-up treatments or the removal of threads. It is essential to follow aftercare instructions carefully to reduce the risk of complications. Alternatives to lip threading include lip fillers (such as hyaluronic acid-based injectables), lip augmentation surgery, or dermal grafts. Each treatment has its own benefits and limitations, and your healthcare provider will discuss the most suitable option based on your aesthetic goals and medical history. Aftercare is essential for optimal results and to minimise the risk of complications. You should avoid applying pressure to the treated area, sleeping on your stomach, or engaging in strenuous activities for at least 48 hours post-treatment. It is also advised to avoid sun exposure and excessive heat (such as saunas or hot showers) for a few days. Mild swelling and bruising are common and should subside within a few days. If you experience significant pain, infection, or other concerning symptoms, contact your healthcare provider immediately. You must provide complete and accurate medical history, including any allergies, current medications, and pre-existing conditions, to ensure lip threading is safe and appropriate for you.

I have been advised of the relevant information associated with this treatment and I confirm that I fully understand this advice. This includes advice about: the aims/motivations for having the procedure and the desired outcome the risks inherent in the procedure the risks inherent in refusing the procedure the risks specific to me the expected benefits of the treatment the potential disadvantages of the treatment alternative procedures and their pros and cons – including the option of no treatment at all any uncertainties about and the likelihood of success of the procedure any follow-up treatment that may be required Clinical Photographs and Videos: I agree to and authorise the taking of clinical photographs and videos. I understand that these clinical photographs and videos will form part of and will be kept with my confidential medical records. I have been asked what information I want and would need in order to make an informed decision. I have been given the opportunity to discuss my desired outcome fully in order for me to make an informed decision. I certify that I have read the above consent and that I fully understand it. I have been given ample opportunity for discussion and all my questions have been answered to my satisfaction. No new information has become available that affects my decision to have the treatment or my decision to consent. I hereby consent to this procedure. This constitutes the full disclosure and supersedes any previous verbal or written disclosures. All deposits and booking fees are non-refundable unless agreed to with the practitioner.

Do you understand the information you have been provided?

◯ Yes ◯ No

Do you feel sufficient information has been provided to you, to enable you to consent?

◯ Yes ◯ No

Has your consent been freely given?

◯ Yes ◯ No

Do you have any medical conditions?

◯ Yes ◯ No

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have a neuromuscular disease (e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome)?

◯ Yes ◯ No

Do you have an autoimmune disease?

◯ Yes ◯ No

Do you have any skin conditions?

◯ Yes ◯ No

Do you have any known allergies or have ever had anaphylaxis?

◯ Yes ◯ No

Do you have any active infection at the intended site of procedure?

◯ Yes ◯ No

Are you taking antibiotics or other prescription medications?

◯ Yes ◯ No

Is there any other Medical and/or Social History that we should know? If so, please provide full detail here.

What are your aims/motivations for having the procedure and the desired outcome? Please provide full details here.

Have you had this or a similar treatment before? If so, did you experience any problems? Please provide full details here.

Do you have any concerns? If so, please provide full details here.

Is there anything else we should know? Please provide full details here.

☐ I will retain this information throughout the course of my treatment and refer to it as required.