



CELORA™

VITA

PATIENT MEDICAL HISTORY AND CONSENT FORM

CONFIDENTIAL

Patient's Name:

Date Completed:

All patient notes, treatment details, and contact information constitute confidential information and/or personal data and are required to be retained and processed by your clinic in accordance with applicable data protection laws.



DERMA**FOCUS**

Celora™ Vita is an injectable biorestorative skin treatment designed to support skin quality, hydration, and elasticity by working with the skin's natural biological processes, providing key amino acids that act as building blocks for skin structure and function.

Results develop gradually and vary between individuals. A course of three sessions is recommended as part of a regenerative treatment plan.

The procedure involves small injections and is associated with minimal downtime when aftercare advice is followed. Please read the consultation and consent form carefully and ask your practitioner any questions before proceeding.

1. PATIENT DETAILS

Full Name: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Address: _____

Postcode: _____ Telephone: _____

Email Address: _____

Name and address of GP: _____

2. MEDICAL HISTORY & CONTRAINDICATIONS

Celora™ Vita should **NOT** be used in the following cases:

- In combination with chemical peels, laser treatments or dermabrasion. The doctor will determine the waiting time required before giving the injection.
- In blood vessels.
- In patients with a tendency to develop hypertrophic scars.
- In patients with infection and inflammation (acne, herpes, dermatitis, etc.) in situ or near the treatment area.
- In patients with a history of streptococcal or autoimmune disease or under immunotherapy treatment.
- In patients with hypersensitivity to hyaluronic acid.
- In patients with known hypersensitivity or allergy to any of the components.
- In patients with a skin disease or alteration of any kind.
- In pregnant or breastfeeding women or in children

Please tick **Yes / No** and provide details where applicable.

Are you currently pregnant or breastfeeding? _____ ☐ Yes ☐ No

Do you currently have any autoimmune or connective tissue disorders? _____ ☐ Yes ☐ No

Do you have any known allergies (including to injectable products)? _____ ☐ Yes ☐ No

Do you have a history of keloid or hypertrophic scarring? _____ ☐ Yes ☐ No

Do you have active skin infection, inflammation, or disease in the treatment area? _____ ☐ Yes ☐ No

Have you had any recent aesthetic treatment in the same area (within 4 weeks)? _____ ☐ Yes ☐ No

Do you take anticoagulants or blood-thinning medication? _____ ☐ Yes ☐ No

Do you have any bleeding disorders? _____ ☐ Yes ☐ No

Are you currently unwell or experiencing acute illness? _____ ☐ Yes ☐ No

Have you undergone a chemical peel, laser treatment or dermabrasion within the treatment area recently (within 4 weeks)? _____ ☐ Yes ☐ No

Other relevant medical history or medications:

3. SKIN CONCERNS & TREATMENT OBJECTIVES

Please indicate your primary skin concerns (tick all that apply):

- ☐ Skin Quality / texture
- ☐ Dull or tired looking skin
- ☐ Loss of hydration
- ☐ Reduced elasticity or firmness
- ☐ Early signs of skin ageing
- ☐ Preventative skin health support

Expected Outcomes:

4. RISKS, SIDE EFFECTS & DOWNTIME

As with all injectable procedures, potential risks and side effects may include:

- Redness, swelling, or tenderness at injection sites
- Mild bruising
- Temporary itching or sensitivity
- Pinpoint bleeding
- Rare risk of infection, inflammatory reaction, or allergic response
- Most side effects are temporary and self-limiting, resolving within a few days.
- Expected downtime: Minimal. Most patients return to normal activities the same or following day.

5. AFTERCARE GUIDANCE

Celora™ Vita treatments are designed to integrate seamlessly into everyday life, with minimal disruption when aftercare guidance is followed carefully.

For the first 24 hours after treatment, patients should avoid the following:

- Touching or massaging the treated area
- Strenuous exercise, alcohol, and excessive heat
- Applying makeup to the treated area

Follow any additional aftercare instructions provided by your practitioner.

Contact the clinic if you experience increasing pain, redness, swelling, or any unexpected symptoms.

6. PHOTOGRAPHY CONSENT

Clinical photographs may be taken for:

- ☐ Medical Records
- ☐ Treatment Monitoring
- ☐ Educational or anonymised professional use (optional)

I consent to photography as outlined above:

Patient Signature: _____ Date: _____

7. DATA PROTECTION & GDPR STATEMENT

Your personal and medical information will be stored securely and processed in accordance with UK GDPR and the Data Protection Act 2018. Your data will only be used for clinical care, legal compliance, audit purposes, and communication related to your treatment. You have the right to access, amend, restrict, or request deletion of your data in line with UK data protection legislation.

8. PRACTITIONER DECLARATION

I confirm that I am a suitably qualified and insured healthcare professional practising within the UK, and that I have complied with current standards of care, professional guidance, and scope of practice relevant to injectable medical aesthetic treatments.

The treatment will be performed in accordance with the Instructions for Use (IFU), current professional guidance, and my clinical judgement, and within my scope of practice.

I confirm that I have:

- Conducted a full consultation and skin assessment
- Explained the nature, purpose, risks, and alternatives of Celora™ Vita treatment
- Answered all patient questions to the best of my knowledge

Practitioner Name: _____

Registration Number: _____

Practitioner Signature: _____ Date: _____

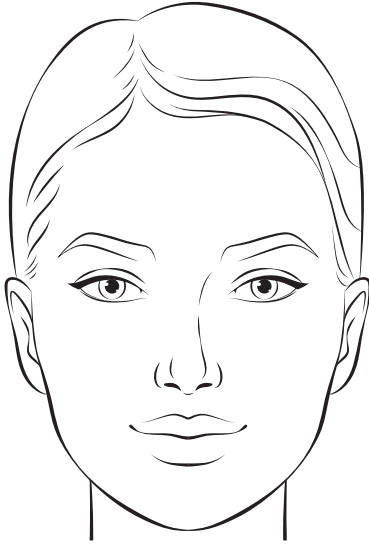
9. PATIENT INFORMED CONSENT

I confirm that: - I have read and understood the information above - I have had the opportunity to ask questions - I understand that results are variable and not guaranteed - I consent to treatment with Celora™ Vita.

Patient Name: _____

Patient Signature: _____ Date: _____

DATE OF TREATMENT:

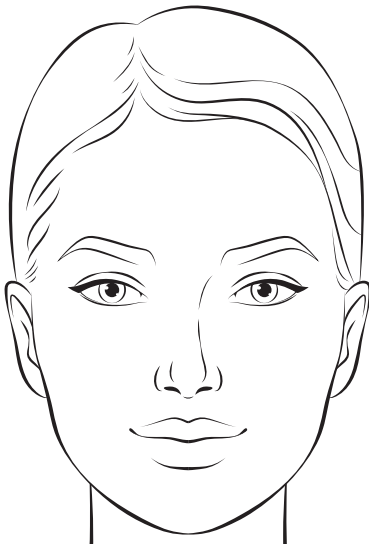


Indicate areas of treatment and dosage on the diagram

PLACE PRODUCT STICKER HERE

Notes: _____

DATE OF TREATMENT:

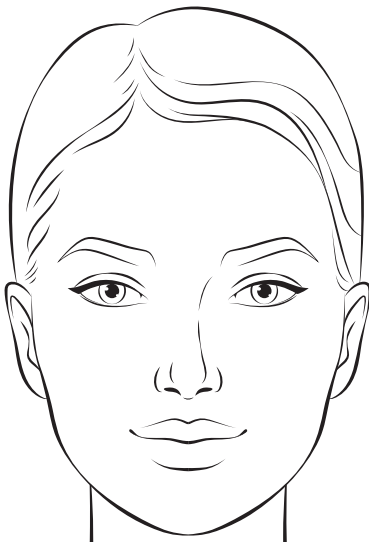


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