

**Asclera® (polidocanol) Injection MEDICAL HISTORY**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_ Ht\_\_\_\_\_\_\_\_\_\_\_\_\_ Wt\_\_\_\_\_\_\_\_

Please list all medications you are currently taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you on Antibiotics at this time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle** any of the following illnesses you have or have ever had in the past:

**\*Allergy (anaphylaxis) to polidocanol Acute vein and/or blood clotting diseases**

**Venous Thrombosis (DVT)**  **Pulmonary Embolism Reduced Mobility**

 **Recent (within 3 months) major surgery Muscle Weakness Prolonged hospitalization Pregnancy**

List and/or Explain Other Medical Conditions not listed above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PreviousHospitalizations/Operations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had Plastic Surgery or other surgery to your Legs/Calf/ Feet area? If so, when ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Had Asclera injections before? \_\_\_\_\_\_\_ Last treatment? \_\_\_\_\_\_\_\_\_What Areas?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you happy with previous Asclera ® treatments?\_\_\_\_\_\_\_ Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas of special concern to patient?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT to Asclera ® (Polidocanol) Treatment**

**Asclera**® is a sclerosing agent that is injected into the vein. It works by damaging the endothelium, the inside lining of blood vessels. This causes blood platelets and cellular debris to attach to the lining of the vessels. Eventually, cellular debris and platelets cause the blood vessel to clot. Over time, the clotted vein will be replaced with tissue.

**Asclera® (polidocanol) Injection** is a prescription medicine that is used in a procedure called sclerotherapy to remove unwanted veins on your legs. It is administered by a healthcare provider to treat two types of veins:

• Uncomplicated spider veins (very small varicose veins ≤ 1 mm in diameter)

• Uncomplicated small varicose veins (1 to 3 mm in diameter) known as reticular veins

Asclera® has not been studied in varicose veins more than 3 mm in diameter.

RISKS AND COMPLICATIONS

**CONTRAINDICATIONS**: Asclera® (polidocanol) Injection is contraindicated for patients with known **allergy** (**anaphylaxis**) to **polidocanol** and patients with **acute vein** and **blood clotting** diseases

ADVERSE REACTIONS: In clinical studies, the following adverse reactions were observed after using Asclera® and were more common with Asclera® than placebo: injection site hematoma, injection site irritation, injection site discoloration, injection site pain, injection site itching, injection site warmth, neovascularization, injection site clotting.

**WARNINGS** AND **PRECAUTIONS**: Anaphylaxis: Severe allergic reactions have been reported following polidocanol use, including anaphylactic reactions, some of them fatal. Severe reactions are most frequent with use of larger volumes (> 3 mL). The dose of polidocanol should be the smallest dose that is effective. Please notify your healthcare provider if you have a known history of severe allergies or allergy to polidocanol. **Venous Thrombosis** and **Pulmonary Embolism**

 **Asclera (polidocanol)** can cause **venous thrombosis** and subsequent **pulmonary embolism** or other thrombotic events. Your Health Care Provider should follow administration instructions closely and monitor for signs of **venous thrombosis** after treatment. Patients with **reduced mobility**, history of **deep vein thrombosis** or **pulmonary embolism**, or recent (within 3 months) **major surgery**, **prolonged hospitalization** or **pregnancy** are at increased risk for developing thrombosis

**Arterial Embolism**: **Stroke**, **transient ischemic attack**, **myocardial infarction**, and **impaired cardiac function** have been reported in close temporal relationship with polidocanol administration. These events may be caused by air embolism when using the product foamed with room air (high nitrogen concentration) or thromboembolism. The safety and efficacy of polidocanol foamed with room air has not been established and its use should be avoided. Accidental injection into an artery can cause severe necrosis, ischemia or gangrene. Care should be taken in intravenous needle placement and the smallest effective volume at each injection site should be used. If injection of polidocanol into an artery occurs, consult a vascular surgeon immediately.

Patient Name (Print) Patient Signature Date

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Witness Name (Print) Witness Signature Date

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

PREGNANCY, ALLERGIES & CARDIOVASCULAR DISEASE

I am not aware that I am **pregnant** and I am not trying to get pregnant, I am not Lactating (nursing), have any significant Cardiovascular disease including but not limited to **Venous Thrombosis**, **Pulmonary Embolism**, **Reduced Mobility, History of Deep Vein Thrombosis or Pulmonary Embolism**, Major Surgery (within last 3 months) , **Prolonged Hospitalization** or that I have any allergies to the polidocanol ingredients.

PAYMENT

I understand that this is an "elective” cosmetic procedure and that payment is my responsibility.

RESULTS

I am aware that during treatment, Asclera ® polidocanol is injected into the affected vein, causing it to seal

shut, eventually reabsorb into the body, and fade from view over time

• Typically requires 1 or more injection sessions depending on the extent or recommended vein treatment

• Sessions are usually spaced 1 to 2 weeks apart

What are potential side effects after treatment?

Temporary side effects may occur at the site of the injection, such as: Bruising, Itching , Swelling, Skin discoloration

And Appearance of tiny red blood vessels. These side effects usually go away within a few days to several weeks.

Some side effects may take months or years to resolve..

I understand this an elective procedure and I hereby voluntarily consent to treatment with Asclera ® injection for the condition known Spider Veins/ Reticular (Varicose veins). The procedure has been fully explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately.

Patient Name (Print) Patient Signature Date

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Witness Name (Print) Witness Signature Date

**Sclerotherapy (Asclera/Polidocanol) TREATMENT RECORD**

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_Chart#/Ident #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_****Concentration (ml) \_\_\_\_\_\_\_\_\_\_\_ Amount injected (ml) \_\_\_\_\_\_\_\_\_\_****1st Treatment\_\_\_\_Yes\_\_\_\_No**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Feet** | **Calf /Legs** | **Tights** |
| **Location** |  |  |  |
| **Volume (ml)** |  |  |  |
| **Total (ml) Today (MAXIMUN 10ml in one section**  |  |

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Treatment Date\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Product\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_****Concentration (ml) \_\_\_\_\_\_\_\_\_\_\_ Amount injected (ml) \_\_\_\_\_\_\_\_\_\_****1st Treatment\_\_\_\_Yes\_\_\_\_No**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Feet** | **Calf /Legs** | **Tights** |
| **Location** |  |  |  |
| **Volume (ml)** |  |  |  |
| **Total (ml) Today (MAXIMUN 10ml in one section**  |  |

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**You & I Primary Care, Aesthetics and Wellness**

**POST - TREATMENT INSTRUCTIONS Asclera ® (Polidocanol)**

**The guidelines to follow post treatment** **have been followed for years** and are still employed today to prevent the possible side effect such as thrombosis. These measures should minimize the possibility of thombosis almost 98%.

* **No straining, heavy lifting, vigorous exercise** **for 7 days** following treatment.
* *After the injection session is completed,* ***apply compression*** *with a* ***stocking*** *or* ***bandage****, and* ***walk for 15- 20 minutes****. Your healthcare provider will provide monitoring during this period to treat any possible anaphylactic or allergic reactions*
* **Maintain compression** for 2 to 3 days after treatment of spider veins and for 5 to 7 days for reticular veins. For extensive varicosities, longer compression treatment with compression bandages or a gradient compression stocking of a higher compression class is recommended.
* **Post-treatment compression** is necessary to reduce the risk of deep vein thrombosis. we do not want to increase circulation*. This waiting period continues to be recommended by most practitioners.*
* **For 7 days after treatment, AVOID:**
* **– Heavy exercise – Sunbathing – Long plane flights - Hot baths or saunas**
* **Skin may look irritated or bruised following your treatment. Irritation and bruises resolve with time.**

Contact US if you experience the following:

– Pain upon walking that does not disappear

– Infection or inflammation;

– Local redness, pain, leg or ankle swelling, and the skin feels warm;

– Visible, superficial clots to treated areas, and/or

– If you have any questions or concerns.

If you should have any questions or concerns please feel free to contact us at **954-655-6559**

**Print Patient Name\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**