

# Ultherapy® Consult Record

## Self-Exam

As every patient is different, the clinical factors listed below are intended to assist your clinician in forecasting your clinical response to Ultherapy. Please score each clinical factor listed below. Upon examination of your responses, your physician will discuss your options for achieving optimal results with Ultherapy.

### Clinical Response Factors: Circle the appropriate answer below

Age:	<35 y/o	35-49 y/o	50-64 y/o	65+ y/o
Smoking History:	Never smoked	Ex-smoker	Light smoker	Heavy smoker
Health:	No health issues	Minor health issues	Chronic health issues	
Sun exposure:	Never use sun screen	Occasionally use sun screen	Always use sun screen	

Clinical Response Factors – Upper face: Check the appropriate box	None	Mild	Moderate	Severe
<b>Skin Laxity:</b> Excess skin or hooding on the eyelid; eyelid droopiness				
<b>Volume:</b> Presence of fat deposits under eyes; infra-orbital puffiness				
<b>Skin Quality:</b> Fine lines, crepiness/wrinkling, and/or poor elasticity				
Clinical Response Factors – Lower face and neck: Check the appropriate box	None	Mild	Moderate	Severe
<b>Skin Quality:</b> Fine lines, crepiness/wrinkling, and/or poor elasticity				
<b>Volume:</b> Presence of fat deposits in lower face, loss of jaw definition, and/or excessive sub-Q fat				
<b>Skin Quality:</b> Fine lines, crepiness/wrinkling, and/or poor elasticity				

What are your treatment goals: \_\_\_\_\_  
\_\_\_\_\_

Additional findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ultherapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Ultherapy® is contraindicated for use

\*\* Ultherapy® is not recommended for use directly over this

\*\*\* Ultherapy® has not been evaluated for use in this scenario

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