MEDICAL HISTORY TREATMENT RECORD- BOTULINUM TOXIN

Name:

Age: Date of Birth:

Height: Weight:

Address:

City: Post Code:

Telephone: Home: Mobile:

Email:

Allergies:

Smoking history: Non-smoker☐ Ex-smoker☐ Smoker☐ cigarettes/day:

Alcohol consumption (units/week)

Past medical conditions:

Skin care regime details:

What medications are you currently taking?

Are you pregnant or lactating currently?

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

* Myasthenia Gravis
* Hepatitis
* Eye Diseases
* Autoimmune Diseases
* Vision Problems
* Numbness to certain areas
* Muscle Weakness
* Amyotrophic Lateral Sclerosis (ALS)
* Eaton Lambert Disorder

Previous Operations:

Previous cosmetic procedures:

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 questionnaire. I acknowledge that all answers have been recorded truthfully and I will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

CONSENT TO BOTOX®/ BOTULINUM TOXIN A TREATMENT

Botox® is a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which causes wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear or diminish.

Botox is diluted into a very controlled solution and when injected into the muscles with a very thin, small needle, it is almost painless. The procedure takes about 20-30 minutes and the results last 3-6 months.

Risks and Complications – It has been explained to me that there are inherent and potential risks and side effects in any invasive procedure and in this specific instance, such risks include, but are not limited to:

1. Post-treatment: discomfort, swelling, redness and bruising
2. Post-treatment bacterial and/or fungal infections requiring further treatment
3. Allergic reactions
4. Minor temporary droop of the eyelid(s) in approximately 2% of the injections given (this usually lasts 2-3 weeks);
5. occasional numbness of the forehead lasting up to 2-3 weeks;
6. transient headache;
7. flu-like symptoms

**PREGNANCY**, Allergies and Neurological Disease – I am not aware that I am pregnant nor am I trying to get pregnant. I am not lactating (nursing) nor do I have any significant neurological diseases including, but not limited to: Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS) or Parkinson’s. I have no allergies to the toxin ingredients or to human albumin. **Initial \_\_\_\_**

**PAYMENT** I understand that this procedure is cosmetic and that payment is my responsibility at the time of treatment **Initial \_\_\_\_**

# RESULTS

I am aware that when small amounts of purified botulinum (Botox®) are injected into a muscle, it causes weakness of that muscle. This appears in 5-10 days (with full effects at 2 weeks) and usually lasts 3-6 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to “frown” while the injection is effective but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area (bend over, have a massage etc) of the injection for the 2 hours post-injection period and should not wear makeup (if applicable) for up to 24 hours after the procedure. Botulinum based treatments are never guaranteed to eliminate wrinkles, particularly static wrinkles and the signs of ageing are also contributed by other factors like diet, lifestyle, and smoking status for which the client is responsible. **Initial \_\_\_\_**

# PUBLICITY MATERIALS

I authorise the taking of clinical photographs and videos and their use for scientific and marketing purposes both in publications and presentations. I understand that photographs and video may be taken of me for educational and marketing purposes. I waive my rights to any royalties, fees and to inspect the finished production as well as advertising materials in conjunction with these photographs. **Initial \_\_\_\_**

I hereby voluntarily consent to receive treatment with Botox® injections for the condition known as Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it.

# The Botulinum toxin treatment that I am receiving is for:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My **questions** have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes occurring in my medical history, I will notify *my practitioner*.

Patient’s name & surname:

Signature:

Date: