MEDICAL HISTORY FORM

Name: _____ Date: _____

CIRCLE ANY OF THE FOLLOWING ILLNESSES YOU HAVE OR HAVE EVER HAD IN THE PAST:

Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease Vision Problems
Muscle Weakness Numbness Amyotrophic Lateral Sclerosis (ALS) Eaton Lambert Disorder
Explain: _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS.	**Yes**	**No**
1. Do you have **ANY** current or chronic medical illnesses we should know about? Please List: _____	☐	☐
2. Are you on Aminoglycosides or any other antibacterial medication to treat bacterial infections?	☐	☐
3. Are you currently under a doctor's care? If so, for what reason? _____	☐	☐
4. Previous Hospitalizations/Operations: _____		
5. Do you take/use **ANY** medications, herbal or natural supplements or topicals on a regular or daily basis? Please List: _____	☐	☐
6. Do you have **ANY** allergies to medications, foods, latex or other substances? Please List: _____	☐	☐

I understand that the information on this form is essential to determine my medical and cosmetic needs and provisions of treatment. I understand that if any changes occur in my medical history/health I will report 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 will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Signature: _____ Date: _____

CONSENT TO BOTULINUM TOXIN "A" TREATMENT

Botox® a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on the area of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox® can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Botox® is diluted to a very controlled solution and when injected into the muscled with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-6 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain 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, viral, and/or fungal infection requiring further treatment, 3) Allergic reaction, 4) Minor temporary droop of the eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, and 7) Flu-like symptoms may occur.

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 & NEUROLOGIC DISEASE

I am not aware that I am pregnant, have any significant Neurologic Disease, or have allergies to the toxin ingredients, or to human albumin.

PAYMENT

I understand that this procedure is cosmetic and payment is my responsibility and is NON-REFUNDABLE. I also understand that, even though I receive the standard dose for Botox of 20 units per area, every person's facial muscles may react to Botox differently and I may require more Botox at an additional fee ($9 per unit – price subject to change without notice).

RESULTS

I am aware that when small amounts of purified botulinum ("Botox®") are injected into the muscle it causes weakness or paralysis of that muscle. This appears within 3-10 days 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 retreatment is appropriate. I understand that I must stay in an erect posture and that I must not manipulate the area of the injection for the four hours post-injection period.

I hereby voluntarily consent to treatment with Botox® injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been 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.

_____	_____	_____
Patient Name	**Patient Signature**	**Date**
_____	_____	_____
Witness Name	**Witness Signature**	**Date**

Good Faith Medical Exam

- Chart Reviewed ☐
- Medications/Allergies Reviewed ☐
- Cardio-Pulmonary Physical Exam ☐

_____

Physician's Signature Date

BOTOX™ POST-TREATMENT INSTRUCTIONS

1 The patient is *not to lie down for 3-4 hours* following treatment

2 Facial *exercise* in the area of treatment is *recommended* (frown/smile 1 hour)

3 Avoid manipulation of the area for 4 hours

These measures *should minimize* the possibility of *eye drooping* to almost 100%

TREATMENT EFFECT MAY TAKE 3-8 DAYS

The benefits *may last 3-6 months*; average is 4 months

It is recommended that you contact the practitioner as soon as possible after the 8th day if you did not receive the desired effect.

I have read and understand these post-treatment instructions.

Name: _____ Date: _____

Signature: _____