

# Facial Rejuvenation Medical History and Informed Consent

Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Women: Are you Pregnant? \_\_\_\_\_

Physician's Name \_\_\_\_\_

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)

Explain: \_\_\_\_\_

Previous Hospitalizations/Operations:  
\_\_\_\_\_

## CONSENT TO BOTULINUM TOXIN "A" TREATMENT

Botox® a neurotoxin produced by the bacterium Clostridium A.. Botox® can relax the muscles on areas of the face and neck that 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 muscles 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. Xeomin®, Merz Pharmaceuticals's and Dysport®, Galderma pharmaceuticals's version of Botox, is equivalent to Botox and may be used in place of Botox from Allergan Pharmaceuticals at the discretion of the provider.

## 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 drop of eyelid(s) in approximately <1% 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.

## PREGNANCY, ALLERGIES & NEUROLOGICAL DISEASE

I am not aware that I am pregnant, have any significant Neurological disease, or have any allergies to the toxin ingredients, eggs or to human albumin.

## RESULTS

I am aware that when small amounts of purified botulinum ("Botox®/ Xeomin®/Dysport®") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-4 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 re-treatment is appropriate. I understand that I must stay in the 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 botulinum toxin Type A 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. 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 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 will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Licensed Practitioner (Print)

\_\_\_\_\_  
Physician/Licensed Practitioner (Signature)

\_\_\_\_\_  
Date

# Botox Pre-Treatment Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## History:

Do you have:

Hypersensitivity to Botulinum A toxin products	Yes	No
Infection at the proposed injection site(s)	Yes	No
Bleeding Disorders	Yes	No
Cardiac Disease	Yes	No
Active Skin Disease	Yes	No

Do you or a family member have:

Amyotrophic Lateral Sclerosis	Yes	No
Motor Neuropathy	Yes	No
Myasthenia Gravis	Yes	No
Lambert-Eaton Syndrome	Yes	No
Facial Nerve Palsy	Yes	No

Are you:

Pregnant	Yes	No
Breast-feeding	Yes	No

## Medications

Do you take or have recently been on any of the following medications:

Warfarin or Anti-Platelet Agents	Yes	No
Quinidin	Yes	No
Aminoglycosides	Yes	No
Magnesium Sulfate	Yes	No
Curare-like Nondepolarizing Blockers	Yes	No
Anticholinesterases	Yes	No
Lincosamides	Yes	No
Succinylcholine Chloride	Yes	No
Polymyxins	Yes	No

## Physical

Glabellar lines (smoothed out by physically spreading them apart)	Yes	No
Skin infection at site of injection	Yes	No
Evidence of muscular atrophy	Yes	No
Evidence of petechia or bruising	Yes	No
Facial Asymmetry	Yes	No
Ptosis	Yes	No
Deep dermal scarring	Yes	No
Thick sebaceous skin	Yes	No
Dermatochalasis (excessive redundant skin)	Yes	No

You agree that you have not received a prior treatment of Dysport, Xeomin or Botox or other fillers within the past 3 months and that you have not ingested alcohol 48 hours prior to Dysport, Xeomin or Botox Treatment and are aware that consuming alcohol 48 hours after treatment can increase the chances of bruising and/or swelling. I confirm that I have not used anti-inflammatory drugs (Ibuprofen, Motrin, Advil, Aleve, Vioxx, etc.), aspirin, Vitamin E, or Ginko Biloba, muscle relaxants one week prior to my treatment thus, reducing the possible side effects of bruising and/or swelling in area(s) of treatment. I confirm that, to my knowledge, I am not pregnant or breastfeeding and have been informed that if I am I am not a candidate to receive Dysport, Xeomin or Botox treatment(s) if I am . I confirm that I have no allergies to eggs or egg products and am not a candidate to receive treatment injections if I am.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Print)

\_\_\_\_\_  
Witness Name (Signature)

\_\_\_\_\_  
Date

## Post-Treatment Instructions For Botox

- Avoid lying down for several hours following treatment.
- Facial exercise in the area of treatment is recommended [frown/smile 1 hour].
- Avoid manipulation of the area (rubbing, pressing, massage, pinching) the first four-ten hours after procedure. Note: These measures should minimize the possibility of ptosis.
- Treatment effect may take 3-8 days to appear.
- Common side effects of Dysport, Xeomin or Botox treatment include a slight headache lasting a few hours up to 48 hours and temporary bruising and/or swelling. Some have suggested they experienced flu like symptoms Please refer to the information sheet for full list of side effects.
- The benefits may last 3-6 months, the average is 4 months.
- A touch-up may be necessary in 1-2 weeks.
- Contact the practitioner as soon as possible after the eight [8th] day if you have not received the desired effect.
- If you are a first time recipient of Dysport, Xeomin or Botox, we strongly suggest treatment at least 3 weeks prior to a significant event. Additionally, if you plan to travel prior to your 1 week post follow-up, you may be asked to postpone your treatment until your return. Please feel free to call if you have questions about whether or not this pertains to you
- Please contact us immediately at (831) 425- 9500 if you have any complications or questions following your procedure.