Date

Botox Consent Form

This consent form is designed to provide the information necessary when considering whether or not to undergo Botox.

Injected botulinum toxin causes weakness of muscles that can last approximately three months. Injection of small amounts of Botox relaxes the muscles and can reduce facial wrinkles such as frown lines. Botox solution is injected with a small needle into the muscles. Typically, effects are seen in a few days and can take 1-2 weeks to fully develop. The risks, side effects, and complications of treatment with Botox include, but are not limited to pain, bruising, swelling, headache, undesired change in eyebrow shape, and in rare cases, an adjacent muscle may be weakened which may result in droopy upper or lower eyelid or eyebrow.

In some cases, botulinum toxin effects may be observed beyond the local injection site. Symptoms may include muscle weakness, double vision, blurred vision, eyelid droop, difficulty swallowing, difficulty speaking, urinary incontinence, and breathing difficulties. These symptoms may occur hours or weeks after injection.

My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including the potential benefits, limitations, alternative treatment options, and I have had all my questions and concerns answered to my satisfaction. I understand the results are not guaranteed and I accept the risks, side effects, and possible complications inherent in undergoing Botox treatments.

I consent to allow the practitioner in which I am voluntarily seeking services from to consult with and evaluate me in order to determine if I am a good candidate for Botox. I understand that photographs will be taken and kept in my file. I agree that these forms have been completed truthfully and to the best of my knowledge and abilities. I understand the contraindications and possible side effects of Botox as discussed with the practitioner. Furthermore, I agree to waive all liabilities toward the practitioner for any injury or damages incurred due to my misrepresentation of my health history.

Signature

Date

Date

Botox + Dermal Fillers

Personal Information

Name | DOB | AGE

Address

Phone | Occupation

Email

How did you hear about us?

Primary Physician Name | Phone

Medical History

- ☐ Hepatitis
- ☐ Lupus
- ☐ Autoimmune Disease
- ☐ Cold Sores/Fever Blisters
- ☐ Beef/Dairy Allergy
- ☐ Multiple Sclerosis
- ☐ Eye Disease
- ☐ Keloid Formation
- ☐ Sensitivity/Allergy to Lidocaine
- ☐ Parkinson's Disease
- ☐ Lambert-Eaton Syndrom
- ☐ Amyotrophic Lateral Sclerosis
- ☐ Neurological Disorders
- ☐ Myasthenia Gravis
- ☐ Hypersensitivity to medications
- ☐ Cardiac Disorders
- ☐ Severe Allergy/ Anaphylaxis
- ☐ Porphyria
- ☐ Epilepsy
- ☐ Cancer
- ☐ HIV/AIDS
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Diabetes

Please explain your medical conditions:

_____

_____

List any cosmetic procedures you have had in the past. This includes history of fillers, botox, pdo threading, plastic surgery, or any cosmetic reconstruction.

_____

_____

List any medications including vitamins you are currently taking: _____

_____

List all allergies: _____

Are you pregnant or lactating? ☐ Yes ☐ No

Are you trying to get pregnant? ☐ Yes ☐ No