

## Botulinum Toxin Medical History & Consent

### Patient details

Name:  
Address:  
Post code:  
Email:  
Tel/Mobile:  
Date of birth:

### Medical History (please circle)

Please ensure you understand the potential complications and personal requirements of the procedure indicated below, by answering the following questions. If you are unsure of any details, please discuss with the practitioner treating you.

Are you pregnant, planning to become pregnant or breastfeeding?	Yes/No/NA
Have you had Botulinum Toxin before? If yes, when was your last treatment:	Yes/No
Do you have any medical conditions or illnesses? If yes, please give details:	Yes/No
Are you taking any medications? If yes, please give details:	Yes/No
Have you ever had an anaphylactic reaction to anything? If yes, please give details:	Yes/No
Do you have any allergies or hypersensitivities? If yes, please give details:	Yes/No
Are you prone to facial sores? If yes, please give details:	Yes/No
Do you have any phobias that may affect treatment, eg. needles or blood?	Yes/No

### IMPORTANT SAFETY INFORMATION

Botulinum Toxin Type A uses the toxin produced by the bacteria responsible for botulism in food poisoning. However, the amount of toxin used is minimal and generally well tolerated in clinical trials. The toxin temporarily weakens the muscle responsible for developing facial expression lines caused by muscle activity. Static facial lines, e.g. those due to sun damage, will not usually respond to treatment with botulinum toxin, as they are not caused by muscle activity.

Botulinum Toxin Type A is licensed for the temporary improvement of moderate to severe glabellar lines (the vertical frown lines between the eyebrows) and lateral canthal lines (crow's feet lines) in adults under 65 years. You are having these injections because the severity of your lines has had an important physiological impact on you.

Treatment is not recommended if pregnant or breastfeeding.

After treatment you should start to see an improvement within 2 to 3 days, however the full effect can take up to 30 days. The benefits of treatment usually last between 3 and 6 months but can vary depending on your individual response.

The most common side effects of botulinum toxin A are headache and injection reactions e.g. redness, swelling, irritation, rash, itching, numbness, discomfort or pain at the injection site, dry mouth, tiredness, headache, neck pain, stinging, bruising and bleeding. Normally these reactions are mild to moderate, reversible and occur in the first week after treatment. There is also a small possibility of slight drooping of the eyelid or dry eyes.

Very rarely botulinum toxin may cause visual problems: temporary blurred vision, double vision, decreased eyesight, or muscle weakness away from the site of injection. If affected, you should not drive or use machinery.

Botulinum toxin type A may cause serious side effects that can be life threatening. Call your medical practitioner or get medical help immediately if you have any problems any time, hours to weeks, after injection, if symptoms last for more than one week, or you are concerned about any symptoms. These include: wheezing, asthma symptoms, dizziness, feeling faint, or if you have difficulties breathing, swallowing, speaking, or if your face swells up.

## Consent

I understand this \_\_\_\_\_ treatment is an elective medical-cosmetic treatment and hereby acknowledge the following:

	Yes	No
I confirm that to the best of my knowledge the health history that I have supplied is correct and that there is no other medical information I need to disclose.		
I further understand that withholding any medical information may be detrimental to my health and safety during the treatment in which I agree to undertake.		
I understand that if there is any change in my medical history, it is my responsibility to advise the practitioner before further treatments are carried out.		
I have been informed in detail and understand possible risks, conditions, reactions, side effects associated with botulinum toxin type A treatment and I understand that the development of any reactions/side effect must be reported to the practitioner as soon as possible.		
I understand that botulinum toxin type A contains a very small amount of albumin which comes from human blood. It is very unlikely that this could pass on an infection, but it cannot be entirely ruled out.		
I certify that I will make available where possible any follow-up visits as my practitioner advises if required - approximately 2-6 weeks.		
The effects of treatment will vary with some patients than with others and I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no written, implied, or verbal guarantee that the anticipated results will be achieved.		
I have understood and agree to follow above post treatment advice given in the form of <b>a leaflet</b> in the knowledge that deviation can cause a disappointing result and, in some instances, can pre-dispose me to side effects and reactions to treatments.		
The treatment has been explained to me by the practitioner and I have had the opportunity to ask questions and that these have been answered to my satisfaction and I confirm that I have been allowed sufficient time to make a carefully considered decision.		
I understand that pre and post-treatment photographs will be taken and that these will be used for assessment reasons. I can confirm these images are taken with my knowledge and I consent to them being placed in my file.		
I consent to photographs being used for educational, training, teaching, and lectures.		

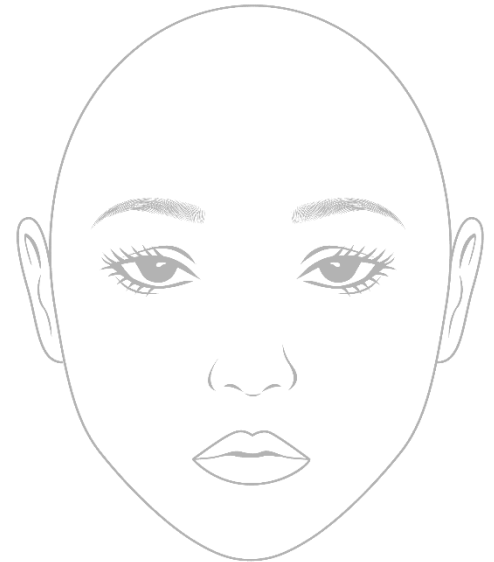
I consent to photographs being used for:		
Website		
Facebook		
Instagram		
Twitter		

				Yes	No	
I have read the above consent and I confirm that by signing this form I consent to undergo treatment.						
I understand that I am free to withdraw my consent at any time.						
Date:	Time:	Client Print Name	Client Signature			

OFFICE USE ONLY

BOTULINUM TOXIN A PATIENT RECORD CARD

CLIENT NAME:		DATE OF BIRTH:
PRODUCT		
LOT NUMBER		
EXPIRY		
PRODUCT		
LOT NUMBER		
EXPIRY		
CLEANSER:	PHOTOGRAPH TAKEN: YES / NO	
NOTES:		



Prescriber Name:

Practitioner Name:

Practitioner's Signature:

Practitioner's Designation:

Date:

Time:

Practitioner Name:

Practitioner's Signature:

Practitioner's Designation:

Date:

Time: