

Consent and consultation form for patients treated with:
Botulinum Toxin Type A (*Botox™, Bocouture™, Azzalure™*)

Name:

Address:

Postcode:

Home Tel:

Mobile:

Email:

Date of Birth:

Treatment Record

Trusted Touch
MEDICAL AESTHETICS

Medical History

Please complete the following medical questionnaire

Have you previously received any aesthetic treatments (e.g. laser, peels, dermabrasion etc.) Y N

If yes, please give more details

Have you had any dermal filler treatment or botulinum toxin? Y N

If yes, which treatment did you receive, what areas were treated and when?

Are you currently receiving any medical treatment? Y N

Are you currently taking any dietary supplements or medications? If "Yes", please note them below:

Have you had any previous surgery? Y N

Have you suffered from any of the following?

Heart disease/angina Y N

Thyroid problems Y N

Auto-immune disease Y N

Arthritis Y N

Asthma/bronchitis Y N

Convulsions Y N

Depression Y N

High/low blood pressure Y N

Facial cold sores Y N

Do you smoke? Y N

How many per day? _____

If 'No', have you ever smoked? Y N

When did you give up? _____

Do you drink alcohol? Y N

If "Yes", how many units per week?

Do you take regular exercise? Y N

If "Yes", what type of exercise do you do?

If "Yes", please give details:

Have you ever been admitted to hospital? Y N

If "Yes", please give details:

Do you suffer from any allergies? Y N

If yes, please give details:

Diabetes Y N

Stomach ulcer/colitis Y N

Skin disease (e.g. herpes or acne) Y N

HIV/hepatitis Y N

Glaucoma/cataract Y N

Venereal disease Y N

Bell's/facial palsy Y N

Phlebitis Y N

Hypoglycaemia Y N

Are you pregnant or breast feeding?

Y N

Have you a history of severe allergy/anaphylaxis?

Y N

Have you a history of severe allergy/anaphylaxis to BOTOX® (botulinum toxin type A) or its excipients?

Y N

Do you suffer from myasthenia gravis or Eaton Lambert syndrome?

Y N

If you have any questions about the above please discuss these with your practitioner. If the answer is yes to any of the above, your practitioner may ask for further details. Treatment may be refused if it is not considered in your own interest to proceed.

Advised Consent

I confirm that I have been informed that:

Botulinum toxin type A (BttA) is indicated for the temporary improvement in the appearance of moderate glabellar lines; lateral canthal lines; forehead lines, where the severity of these lines has a psychological impact for the client.

Like all prescription only medicines botulinum toxin can have side effects, although does not affect everybody. These side effects are seen within the first few days following injection and are usually short lived. Occasionally these side effects may last longer, but this is rare. This type of adverse reaction may be related to the treatment, injection technique or both.

As with any injection, pain/burning/stinging, swelling and/or bruising may be associated with the injection.

Adverse reactions related to the spread of BttA beyond the site of administration have been rarely reported.

Side effects are categorised by the following:

Common – More than 1 in 100 and less than 1 in 10 people (1% - 10%).

Uncommon – more than 1 in 1000 and less than 1 in 100 people (0.1% - 1%)

BttA injection side effects include, but not limited to:

Common side effects: Headache; eyelid ptosis; skin redness; localised facial pain; localised muscle weakness; bruising/swelling at injection site

Uncommon side effects: Infection; anxiety; numbness; dizziness; inflammation to eyelid; eye pain; visual disturbance; itchy, dry skin; muscle fasciculation; flu type symptoms; malaise and fever.

Anaphylactic reactions have been rarely reported to BttA treatments, but if you experience any of the following you must seek immediate medical help:

Severe difficulty breathing; throat or lip swelling; difficulty swallowing or speaking.

Botulinum toxin type A should only be administered by a qualified medical professional, with the requisite training and expertise.

Too frequent dosing with BttA can lead to antibodies in the blood which may lead to failure of treatment.

The aesthetic effects of BttA last for up to four months depending on the condition of your skin, area treated, amount of product injected, injection technique and lifestyle factors such as sun exposure and smoking.

After treatment please avoid extreme facial expressions, applying pressure to the treated area, alcohol consumption, and applying make up for up to 12 hours after treatment. Avoid extreme temperatures, UV exposure and saunas for up to two weeks following treatment.

I confirm that my treating practitioner has:

- Provided me with sufficient information about my intended treatment for me to make an informed decision.
- Given me the opportunity to ask questions I might have about my treatment and answered them to the best of their ability.
- Given me time to consider the intended treatment.
- Received the relevant medical history from me to the best of my knowledge.

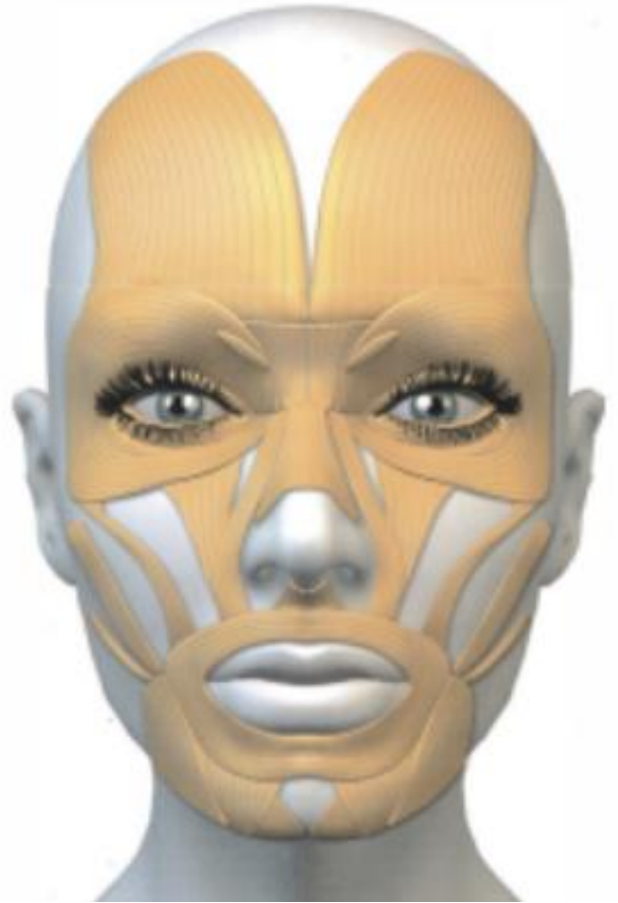
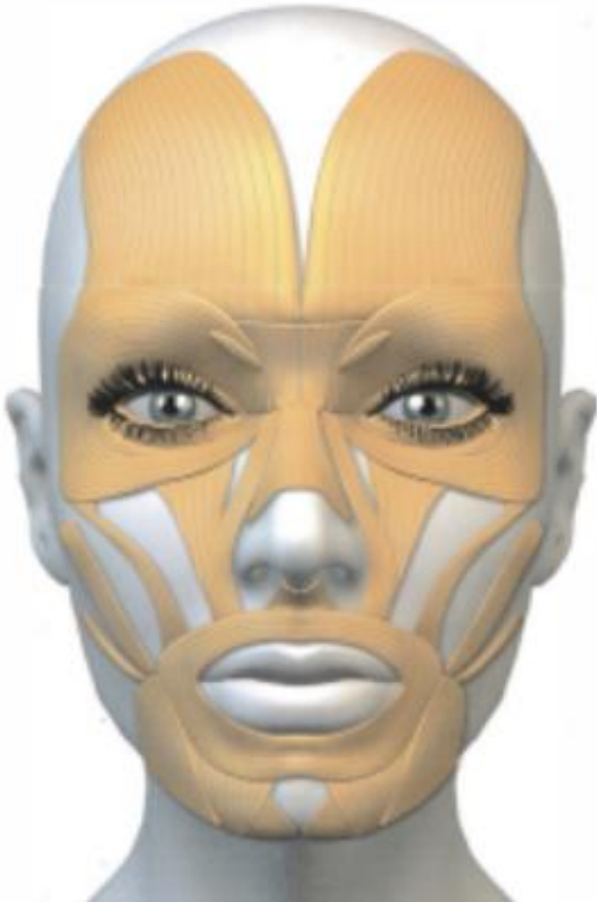
I therefore consent to receiving the described treatment by my treating practitioner.

Client signature:

Date:

Practitioner:

Rachel Jefford MCPara, NMP, PA04840



Treatment Date:

Review Date:

Lot Number: _____

Notes:

Lot Number: _____

Notes: