

Patient No.:



# CANDY SKULL AESTHETICS

## BOTOX \* CONSENT FORM

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**PERSONAL INFORMATION:**

**DATE:**

FIRST NAME

LAST NAME

ADDRESS

CITY

POSTCODE

DATE OF BIRTH

COUNTY

PHONE

EMAIL

YES  NO

(Your email address will be used for appointment confirmations, and quarterly newsletters)  
If you would like to subscribe to our newsletter and promotions please select YES or NOT

**HOW DID YOU HEAR ABOUT US?**

WORD OF MOUTH  LEAFLET  INTERNET  OTHER

Are you currently taking any medical or dental treatment?

YES  NO

PLEASE LIST THEM

In the last one month, have you had any dermal treatments such as tattoos, dermal fillers, piercings or botulinum toxin?

YES  NO

PLEASE LIST THEM

Do you have any relevant past medical history

YES  NO

PLEASE LIST THEM

Have you recently received your COVID-19 vaccination?

YES  NO

PLEASE LIST THEM

Do you have any allergies in your knowledge?

YES  NO

PLEASE LIST THEM

Are you pregnant or breast feeding?

YES  NO

Are you trying to get pregnant?

YES  NO

**PLEASE SELECT IF YOU SUFFER FROM ANY OF THE  
CONDITIONS LISTED BELOW**

Blood Bourne Virus

Immunodeficiency

Rheumatic Fever

Porphyria

Epilepsy

Herpes Simplex Virus [Coldsore]

Acne or Inflammatory Skin  
Conditions

Cardiac Conditions

Respiratory Conditions

Hypertrophic Scarring

Blood Disorders

Recurrent Sore Throats

Myasthenia gravis or Eaton  
Lamberts Syndrome

None of the above

Anaphylaxis/severe allergy

PLEASE GIVE DETAILS

## **PURPOSE OF THE CONSENT:**

To provide written information regarding the risks, benefits, and alternatives of the treatment this consent is written. It is important that the patient should fully understand the treatment priorly. Before signing the consent, the patient should ask any of the questions regarding the treatment, botulinum toxin and procedures to their doctor or healthcare professional.

## **THE TREATMENT INFORMATION:**

Botulinum toxin which can be branded as Azzalure, Botox, or Bocouture is a neurotoxin produced by the bacterium Clostridium. This toxin may result in relaxation of the muscles especially on the face and neck that may cause wrinkles associated with facial expressions or facial pain. Botulinum toxin treatment might make your facial expression lines or wrinkles less noticeable or totally disappear. The most frequently treated areas are a glabellar area of frown lines located between the eyes, crow's feet [lateral areas of the eyes], forehead wrinkles, radial lip lines [smokers lines], head and neck muscles. Injection of Botox into the muscles is not painful since it happens with a very thin needle, but some patients might sense a little burning pain at the moment of injection. The total procedure takes approximately 15 minutes and after three months, patients can see the results. If the treatment repeats, the results may last longer.

## **RISKS AND SIDE EFFECTS:**

The possible side effects are listed below. However, the patients should be aware that there may be unique effects to certain people that are not known right now.

- Transient headache, swelling, bruising, bleeding, pain, twitching, itching, puffiness around the eyes or numbness, any other sensation differences.
- Rarely possible: Allergy including anaphylaxis
- Asymmetry
- Temporary drooping of facial features
- Dry eyes
- Double or blurred vision

## **LIMITATIONS AND ALTERNATIVES:**

Time to time, there are cases that the treatment could not be successful or wears off quickly.

## **I AGREE TO THE FOLLOWING:**

- I have been given enough information about the treatment I am to receive and informed about the procedure. I got the detailed explanation of the procedure I am to undergo. I understand the aims and objectives of the treatment completely. They have given me the opportunity to ask all remaining questions I may have about the treatment, and I answered them to the best of their ability. Having considered all aspects, I have decided to have this treatment of my own accord with sole intention the anticipated benefit from the same, provided by my therapist performing the treatment procedure. I understand that I will not be able to sue my therapist in case of any complications or be entitled to a refund if I am not happy with my procedure.
  
- The alternative treatments including topical creams, chemical peels, laser, surgical denervation, forehead/brow lift, facelift, or hyaluronic acid are considered by me and I elected that Botulinum toxin is the best one for me.
  
- I have given enough time to consider this treatment and I have answered a detailed medical history form above to the best of my knowledge.
  
- I agree to follow advices given to me after treatment.
  
- ACCORDING TO THE INFORMATION ABOVE, I AM GIVING CONSENT TO RECEIVE THE TREATMENT BY MY THERAPIST.

**Date:**

**Signature:**