



Consultation & Medical History for Cosmetic Treatments

Please provide a current Drivers's License

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Age: _____ Email: _____

Referred by: _____

Primary Care Provider: _____ Phone: _____

Pharmacy: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Reason for Consultation: (Please circle the areas of concern)

Lines/ wrinkles, texture, dryness, dull appearance, blotchiness/ uneven skin tones, freckles, brown sun spots,
hair, acne, blackheads, scars, precancers, redness/blood vessels, frown lines, folds around nose/mouth, neck,
chest, hands,

other: _____

Previous Cosmetic Treatments: (Please circle all that apply)

Facials, microdermabrasion, chemical peels, laser, Botox, Fillers, intense pulsed light, fractional light,
photodynamic therapy, hair removal, CO2 resurfacing, facelift, blepharoplasty, brow lift

Other: _____

Current Skin Care Regimen/Products used:

Sunscreen Brand _____ SPF _____ Daily use? Y/N Sunscreen only when outside? Y/N

Cleansers, moisturizers, anti-aging creams, Retin-A, Vitamin C, Glycolic Acid, firming creams, lighteners, fade
creams,

Other: _____

AM Regimen: _____

PM Regimen: _____

Do you have ANY current or chronic medical illnesses that we should know about? Y/N

Please List: _____

Do you have ANY allergies to medications, foods, latex or other substances? Y/N

Please list: _____

Do you take /use ANY medications, both prescriptions and non-prescriptions, herbal or natural supplements, or
topicals on a regular or daily basis? Y/N

Please List: _____

Botox Consent

Propose Treatment: Injection of a very small amount of Botox cosmetic, a purified protein derivative, into a specific muscle. The results are weakness or relaxation of the muscle and improvement of the lines or wrinkles that action has formed.

Anticipated Benefit: Response is usually in 3-10 days after the injection with full muscle relaxation at 14 days. Typically, the muscle action (and wrinkle) with return in 3-4 months. At this point, a repeat treatment will relax the muscle and soften the lines again.

I understand that several sessions may be needed to complete the injection series. I understand that there is a separate charge for any subsequent treatment. Typically, a touch up would be scheduled 2 weeks after the initial appointment.

Risks and Complications: Possible side effects include transient headaches, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary dropping of the eyelids or eyebrows. These side effects are rare but have been reported in a very small number in individuals, the injection does not work as satisfactory or for as long as usual. Known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist.

I attest that I have provided my physician with a list of all my current medications and supplements.

I understand that there may be a higher possibility of side effects if I do not follow certain instructions. I will adhere to these instructions for at least 4 hours from the treatment. These included:

I will not lie down or bend forward for extended periods of time for at least 4 hours from the time of treatment.

I will not manipulate or message the treated area for least 4 hours after treatment.

Pregnancy & Neurological Disease: I understand that there are certain conditions where Botox treatments are not recommended. These included.

Neurological diseases such as Myasthenia Gravis, Eaton-Lambert Syndrome, Lou Gehrig's disease.

Pregnancy or breast feeding.

None of the above conditions apply to me.

Limitations and Alternative: Botox is best at treating dynamic facial lines, those caused by facial muscle activity. Lines present at rest may or may not improve. A treatment may be effective for variable lengths of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all. I have been informed of the alternatives which exist for the treatment of wrinkles such as topical creams, chemical peels, laser treatments, surgical removal of the frown muscles, forehead/browlift, facelift, or dermal fillers.

Cost/Fee:

Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch up. Because Botox therapy for wrinkles is considered a cosmetic procedure, insurance does not pay for the treatment. Payment at the time of service is requested for all patients. You may request a price quote before your treatment. Appointments will need to be reserved with a deposit of \$100.00 **due at the time of scheduling**. We request a 48-hour notice of cancellation for all scheduled Botox appointments. If less than 48-hour notice is given, the deposit may not be refunded.

I have read the above and understand it. My questions have been answered satisfactorily by the provider. I accept the risks and complications of the procedure.

Patients Name (print)

Date

Patients Signature

Date

Witness Signature

Date