

Botox

Botox Intake Form

Name _____ Birthday _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone # _____ Email: _____

Emergency Contact Name & Number: _____

Would you like to be added to our email list for information and discounts? Yes No

How did you hear about us? _____

Medical and Cosmetic History

Do you have any allergies? Yes No

If yes, please list: _____

Are you currently taking any prescription or over-the-counter medications, or vitamins? This includes oral medications as well as injectables or topicals. Yes No

If yes, please list: _____

Have you had any cosmetic procedures, such as dermal fillers, fillers, reconstruction, or plastic surgery? Yes No

If yes, please list: _____

Do you have any chronic medical conditions? Yes No

If yes, please explain: _____

Are you pregnant or nursing? Y N Do you have any skin diseases or conditions? Y N

Do you have epilepsy or other neurological disorders? Y N Do you have an autoimmune disease or disorder? Y N

Do you have diabetes? Y N Do you have any infectious diseases? Y N

Do you have any cardiovascular conditions? Y N Have you ever had hepatitis? Y N

Do you have high blood pressure? Y N Do you have herpes or cold sores (active or inactive)? Y N

Do you have low blood pressure? Y N Do you have an eye disease? Y N

Are you on blood-thinning medication? (prescription or non-prescription) Y N Do you have amyotrophic lateral sclerosis? Y N

Do you have lupus? Y N

Botox Intake Form (cont.)

Botox

Do you have Lambert-Eaton
Myasthenic Syndrome?

Y N

Do you have myasthenia gravis? Y N

Do you have Parkinson's?

Y N

Do you have multiple sclerosis? Y N

Do you have or have you
ever been diagnosed with
cancer, Melanoma, or a
tumor?

Y N

Do you have porphyria? Y N

If yes, are you undergoing
any kind of treatment?

Y N

Do you bruise easily? Y N

Do you have a sensitivity to
lidocaine?

Y N

Do you experience keloid
scarring? Y N

Do you experience anaphylaxis? Y N

Are you hypersensitive to
medications? Y N

Are you currently ill or feverish? Y N

Do you use an inhaler or angina
medication? Y N

Please list any other conditions, diseases, or disorders: _____

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Botox

Botox Consent

- I have elected, by my own decision, to have Botox injections administered.
- I acknowledge that Botox is FDA approved for cosmetic treatments and purposes only.
- The procedure, including the process and objective, has been explained to me before undergoing Botox injections.
- I have been given the opportunity to ask questions regarding any benefits, risks, or possible complications of the procedure.
- I understand that my provider has taken measures to minimize any risks or negative reactions. Although it is impossible to list every possible risk or reaction, I acknowledge any reaction or complications associated with the procedure as they have been explained to me.
- I have followed all pre-procedure care instructions as they have been explained to me.
- I understand all aftercare procedures for Botox as they've been explained, and I intend to adhere to the instructions given to me.
- I understand that Botox injections are administered to small muscles and the botulinum toxin may cause temporary muscle weakness or paralysis which will subside in 3 to 4 months.
- I acknowledge that the spread of Botox effects past the injection area is rare but may occur.
- I understand that Botox is used to smooth lines and wrinkles temporarily and will need to be administered again for continued results.
- I understand that it is possible to experience uneven results if some muscles are affected more than others. This may be corrected through further injections.
- I understand that there are no guaranteed results and that my results may vary from others. I may require further treatments at an additional cost to achieve my desired results.
- I understand that Botox is not recommended for people with severe allergies or those who have had a history of anaphylaxis to any of the ingredients of Botox fillers.
- I confirm that I am not taking aminoglycoside antibiotics or other drugs known to interfere with or block neuromuscular transmission.
- I understand that Botox is not recommended if I have any of the contraindications listed on the intake form.
- I confirm that I have given an accurate account of my medical history, including any allergies or medications that I am currently taking or intend to take.

With my signature below, I confirm that I have read fully and understand the information in this consent form and all details included. I have provided an accurate account of my medical history including any medications I take or intend to take, and any medical procedures I intend to undergo. By signing below, I agree to accept all and full responsibility for any risks, injuries, damages, or side effects that may occur as part of the procedure. I will not hold my Botox provider (recorded below) responsible for any conditions present, but not disclosed at the time of treatment, that may affect the treatment.

Printed Client's Name	Signature	Date
_____ Provider's Name	_____ Signature	_____ Date