

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 injectibles 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 epilepsy or other neurological disorders? ☐ Y ☐ N

Do you have diabetes? ☐ Y ☐ N

Do you have any cardiovascular conditions? ☐ Y ☐ N

Do you have high blood pressure? ☐ Y ☐ N

Do you have low blood pressure? ☐ Y ☐ N

Are you on blood-thinning medication? (prescription or non-prescription) ☐ Y ☐ N

Do you have any skin diseases or conditions? ☐ Y ☐ N

Do you have an autoimmune disease or disorder? ☐ Y ☐ N

Do you have any infectious diseases? ☐ Y ☐ N

Have you ever had hepatitis? ☐ Y ☐ N

Do you have herpes or cold sores (active or inactive)? ☐ Y ☐ N

Do you have an eye disease? ☐ 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?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have myasthenia gravis?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have Parkinson's?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have multiple sclerosis?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have or have you ever been diagnosed with cancer, Melanoma, or a tumor?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you have porphyria?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, are you undergoing any kind of treatment?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you bruise easily?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a sensitivity to lidocaine?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you experience keloid scarring?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you experience anaphylaxis?	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you hypersensitive to medications?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently ill or feverish?	<input type="checkbox"/> Y <input type="checkbox"/> N	Do you use an inhaler or angina medication?	<input type="checkbox"/> Y <input type="checkbox"/> N

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

The following conditions are contraindications and may prevent treatment at this time:

- Pregnant or nursing
- Amyotrophic lateral sclerosis
- Myasthenia gravis
- Keloid scarring
- Other neuromuscular disorders

Is there any additional information you would like to let your provider know? _____

With my signature below, I confirm that I have accurately completed the above information to the best of my knowledge. I agree to notify the provider of any other relevant information that may affect my procedure, including any changes to the information above. I agree to communicate with my provider about any pain or discomfort experienced during or after the procedure. I release my provider of any and all liability of injury or damages that may arise because I have not represented my medical history accurately.

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

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