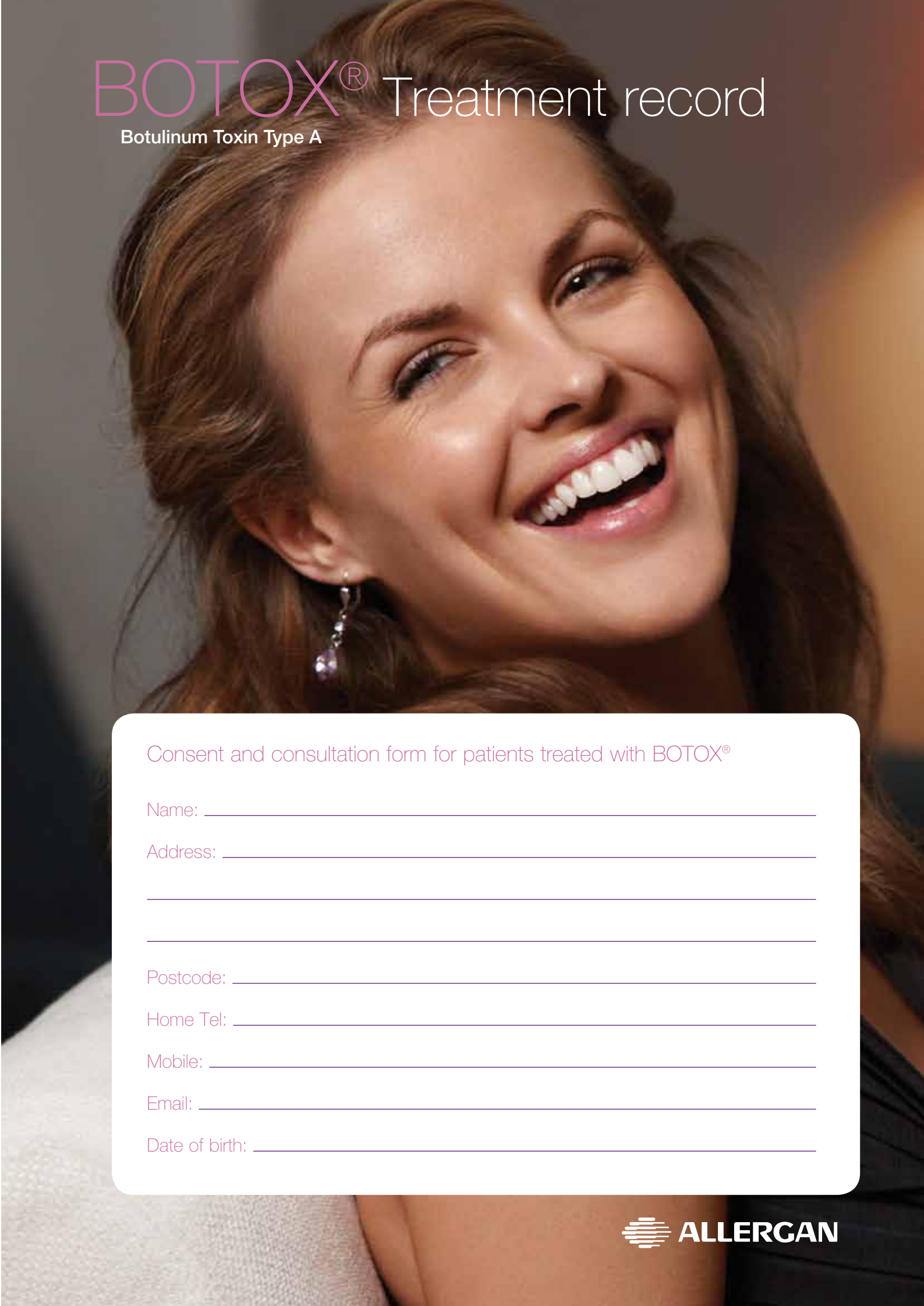


BOTOX[®] Treatment record

Botulinum Toxin Type A



Consent and consultation form for patients treated with BOTOX[®]

Name: _____

Address: _____

Postcode: _____

Home Tel: _____

Mobile: _____

Email: _____

Date of birth: _____



Lot number: _____

Date: _____

Notes: _____



Lot number: _____

Date: _____

Notes: _____

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	<input type="radio"/> Y <input type="radio"/> N
Thyroid problems	<input type="radio"/> Y <input type="radio"/> N
Auto-immune disease	<input type="radio"/> Y <input type="radio"/> N
Arthritis	<input type="radio"/> Y <input type="radio"/> N
Asthma/bronchitis	<input type="radio"/> Y <input type="radio"/> N
Convulsions	<input type="radio"/> Y <input type="radio"/> N
Depression	<input type="radio"/> Y <input type="radio"/> 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:

High/low blood pressure	<input type="radio"/> Y <input type="radio"/> N
Facial cold sores	<input type="radio"/> Y <input type="radio"/> N
Diabetes	<input type="radio"/> Y <input type="radio"/> N
Stomach ulcer/colitis	<input type="radio"/> Y <input type="radio"/> N
Skin disease (e.g. herpes or acne)	<input type="radio"/> Y <input type="radio"/> N
HIV/hepatitis	<input type="radio"/> Y <input type="radio"/> N
Glaucoma/cataract	<input type="radio"/> Y <input type="radio"/> N

Venereal disease	<input type="radio"/> Y <input type="radio"/> N
Bell's/ facial palsy	<input type="radio"/> Y <input type="radio"/> N

Phlebitis	<input type="radio"/> Y <input type="radio"/> N
Hypoglycaemia	<input type="radio"/> Y <input type="radio"/> 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 I have been informed that:

BOTOX® is approved for the treatment of glabellar lines (frown lines between the eyebrows) and is injected into the skin to correct wrinkles.

Side effects, if they occur, usually appear within the first few days following injection, are usually temporary and mild to moderate in severity.

As with all prescription medicines, BOTOX® can cause side effects and your doctor will advise you about these in more detail.

As with any injection, pain, burning, stinging, swelling and/or bruising may occur. The most common side effects associated with use of BOTOX® are headaches, ptosis (drooping of the upper eyelid), redness, localized muscle weakness and face pain.

Patients treated with recommended doses of BOTOX® may experience exaggerated muscle weakness.

A severe allergic reaction may occur very rarely after injection of BOTOX®.

BOTOX® should only be administered by medically qualified doctors with appropriate qualifications and expertise in this treatment and having the required equipment.

Side effects possibly related to the spread of toxin distant from the site of administration have been reported very rarely with botulinum toxin (e.g. exaggerated weakness in other muscles in your body not near to where the injection was given, difficulty in swallowing or pneumonia due to unwanted food or liquid in the airways, which can be fatal). Injection of BOTOX® is not recommended in patients with a history of dysphagia (difficulty in swallowing). Contact your physician and seek medical attention immediately if you develop breathing, swallowing, or speech difficulty.

Too frequent or excessive dosing of BOTOX® may increase the risk of antibodies in the blood which may lead to failure of treatment with botulinum toxin when used for this and other conditions.

The aesthetic effects of BOTOX® last for an average of 3-4 months but will vary depending on the condition of the 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, alcohol consumption and applying make up for 12 hours. Please avoid extreme sun exposure, UV light, freezing temperatures and saunas for 2 weeks after treatment.

I confirm that _____ my treating practitioner has:

- Provided me with sufficient information about the treatment detailed overleaf in order to make an informed decision
- Given me the opportunity to ask all remaining questions I may have about the treatment, and has answered them to the best of their ability
- Given me the time to consider the treatment detailed overleaf
- Received the relevant medical history information from me to the best of my knowledge

I therefore consent to receiving the treatment with BOTOX® by my treating practitioner.

Signed: _____ Date: _____