



The Aesthetic and Wellness Center, PLC
 3825 State Road 64 E Suite 300 Bradenton, FL 34208 941-749-0741

BOTOX MEDICAL HISTORY

Name _____ Date _____

Circle any of the following illnesses you have or have ever had in the past:

- Myasthenia Gravis Hepatitis Eye Disease Autoimmune Disease
 Vision Problems Numbness Muscle Weakness Multiple Sclerosis
 Amyotrophic Lateral Sclerosis (ALS) Parkinson's disease Neurological Disorders
 Lambert-Eaton Syndrome

List and/or Explain Other Medical Conditions not listed above:

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? Yes No

Had Botox® injections before? _____ Last treatment? _____
 What areas? _____

Happy with the previous Botox® treatments? Yes No
 Explain _____

Have you ever had eyelid/eyebrow drooping after Botox®? Yes No
 Explain _____

Have you ever been told you have sleepy eyes, bedroom eyes? Yes No
 Explain _____

Do you show a lot of upper eyelid when eyes are open? Yes No
 Explain _____

Do your eyelids feel extra heavy when you don't get enough sleep? Yes No
 Explain _____

Do your eyelids droop without sleep? Yes No
 Explain _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Client Signature

Date



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CONSENT TO BOTOX® BOTULINUM TOXIN “A” TREATMENT

Botox® a neurotoxin produced by the bacterium Clostridium A. Botox® can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botox can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabella area of frown lines, located between the eyes; b) crow’s feet (lateral areas of the eyes); and c) forehead wrinkles. Botox is diluted to a very controlled solution and when injected into the muscles with a very thin needle, it is almost painless. Clients may feel a slight burning sensation while the solution is being injected. The procedure takes about 15-20 minutes and the results last 3-4 months. With repeated treatments, the results may tend to last longer.

RISKS AND COMPLICATIONS

It has been explained to me that there are certain inherent and potential risks and side effects in any invasive procedure and in this specific instance such risks include but are not limited to : 1) Post treatment discomfort, swelling, redness, and bruising, 2) Post treatment bacterial, and/or fungal infection requiring further treatment, 3) Allergic reaction, 4) Minor temporary droop of eyelid(s) in approximately 2% of injections, this usually lasts 2-3 weeks, 5) Occasional numbness of the forehead lasting up to 2-3 weeks, 6) Transient headache, and 7) Flu-like symptoms may occur.

PREGNANCY, ALLERGIES & NEUROLOGIC DISEASE

I am not aware that I am pregnant and I am not trying to get pregnant, I am not lactating (nursing), nor have any significant neurologic disease including but not limited to Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson’s nor have I any allergies to the toxin ingredients, or to human albumin.

RESULTS

I am aware that when small amounts of purified botulinum (“BOTOX®”) are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 7 – 14 days and usually lasts 3-4 months but can be shorter or longer. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand that I will not be able to contract the muscle(s) injected while the medication is active, but that this will reverse after a period of months at which time re-treatment is appropriate. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for the 2 hours post-injection period. Some individuals will require touch up 14 days after treatment. Client will be charged for an additional fee.

I hereby voluntarily consent to treatment with Botox® injection for the condition known as Facial Dynamic Wrinkles. The procedure has been explained to me. I have read the above and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. I certify that if I have any changes occur in my medical history I will notify the office.

Client Signature

Date

R. 9/11



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POST - TREATMENT INSTRUCTIONS BOTOX

- Makeup can be applied before leaving the office.
- No straining, heavy lifting, vigorous exercise for 2-3 hours following treatment. It is now known that it takes the toxin approximately 2 hours to bind itself to the nerve to start its work, and we do not want to increase circulation to the injected areas to wash away the Botox®.
- A broad spectrum UVA/UVB sun block SPF 30 or greater should be applied to the areas treated, whenever exposed to the sun.
- Avoid touching area for 3 hours following treatment. (For the same reasons listed above.) This includes not doing a facial, peel, or microdermabrasion after treatment with Botox®. You should wait up to 2 weeks before any of these treatments are done. A facial, peel, or microdermabrasion can be done in the same appointment only if they are done before the Botox®.
- Facial Exercises in the injected areas is recommended for 1-hour following treatment, to stimulate the binding of the toxin only to this localized area.
- It can take 10-14 days to take full effect. It is recommended that you wait 2 weeks before re-treating the areas. Please contact our office in 2 weeks if desired effect was not achieved.
- Avoid applying Retin-A, Glycolic acid, Vitamin C, and Kinerase for up to 24hrs.

I certify that I have been counseled in post treatment instructions and have received written instructions as well.

Client's Signature

Date

R. 9/11