

PATIENT HISTORY

Demography

Last name		Address
First name		
Middle name		
Gender		
Date of Birth	Mon: Date: Year:	Postal code
Healthcare #	Is this Alberta healthcare number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation		Home phone #
Place of work		Cellphone #
Emergency contact information		
	Name	Relationship
	Phone #	

Your Concerns – What areas would you like to get treated?

Past Cosmetic Treatment History

	Yes	No		Yes	No
Botox			Permanent fillers		
Facial surgery			Juvederm products		
Permanent implants in the face			Skin tightening		

Past Medical History

Please list all your current medical conditions.

Medications - Please list all your current prescription, OTC and herbal products you are taking.

Thank you for filling out the form!

CONSENT for Botox Treatment

This consent form is designed to provide the information needed when considering whether or not to undergo Botox treatment for facial and neck wrinkles. Injection of Botox causes weakness of targeted muscles, which can last approximately 3-4 months. Injection of small amounts of Botox relaxes the treated muscles and can reduce facial wrinkles such as frown lines. Botox solution is injected with a small needle into the targeted muscles. Effects are typically seen in a few days and can take 1-2 weeks to fully develop. Botox is approved in Canada for the temporary treatment of moderate to severe dynamic frown lines in adults aged 18 to 65 years and is used off-label for all other cosmetic treatment areas. The risks, side effects and complications in the treatment with Botox on facial and neck areas include, but are not limited to the following;

- Localized burning or stinging pain during injection
- Bruising
- Weakness
- Redness
- Tenderness
- Swelling
- Infection
- Numbness
- Headache
- Anxiety
- Vasovagal episode with loss of consciousness
- Worsening of eye bags
- Lip ptosis with resultant smile asymmetry
- Oral incompetence with resultant drooling and/or impaired speaking, eating, or drinking
- Cheek flaccidity
- Dysarthria (difficulty articulating)
- Dysphagia (difficulty swallowing)
- Hypersensitivity reaction
- Facial asymmetry, alteration, or poor aesthetic results
- Inadequate reduction of wrinkles or lack of intended effect
- Blepharoptosis (droopy eyelid)
- Eyebrow ptosis (droopy eyebrow)
- Photophobia (light sensitivity)
- Impaired eyelid closure and blink reflex
- Ectropion (lower eyelid exposure)
- Lagophthalmosis (incomplete eyelid closure)
- Xerophthalmia (dry eyes)
- Epiphora (tearing)
- Diplopia (double vision) or vision changes
- Hoarseness
- Neck weakness
- Weakening of muscles adjacent to the intended treatment area
- Autoantibodies against botulinum toxin may be present or develop after treatments rendering treatments ineffective

Post-marketing safety data suggest that Botox effects may, in some cases, be observed beyond the site of local injection. The symptoms may include generalized muscle weakness, double vision, blurred vision, eyelid droop, difficulty swallowing, difficulty speaking, urinary incontinence and breathing difficulties. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death related to spread of toxin effects. The risk of symptom is probably greatest in children treated for spasticity but symptoms can also occur in adults. No definite serious adverse event reports of distant spread of toxin effect associated with dermatologic use of cosmetic botulinum toxin at the labeled dose of 20 units for frown lines, or 100 units for underarm sweating have been reported.

Photographs taken shall be part of the medical record and used for documentation of response to treatment.

My signature below certifies that I have fully read this consent form and understand the information provided to me regarding the proposed procedure. I have been adequately informed about the procedure including the potential benefits and limitations, and I have had all questions and concerns answered to my satisfaction. I understand that results are not guaranteed and I accept the risks, side effects, and possible complications inherent in understanding Botox treatments.

Patient:

Place a label here

Patient signature: _____

Date: _____