

Dr S Aesthetics

MEDICAL QUESTIONNAIRE PRIOR TO BOTULINUM TOXIN (BOTOX) & DERMAL FILLER TREATMENTS

Patient Name

DOB:

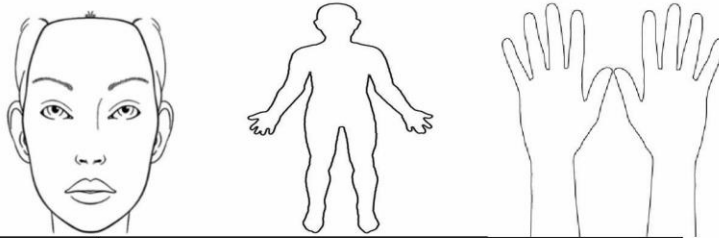
Date:

Please answer the following:	YES	NO	Please Specify:
Current health Problems?			
Past medical History?			
Previous Medical/Aesthetic Surgery (including dermal filler, Botox, skincare programmes)			
Muscle disorders?			
Thrombosis, bleeding disorders, bruising?			
Skin conditions, pigmentation, scarring?			
Cold sores?			
Referred/Under the care of psychologist, Psychiatrist or counsellor?			
Medications (including topical creams)			
Known allergies? Including allergic reactions to latex, dermal fillers, Botulinum toxins, anaesthesia (including topical)			
Recent sun exposure, use of sun beds/tanning?			
Pregnant/Breast feeding?			
Smoker?			
Anything else you may think is relevant?			

I confirm that the health history is accurate and complete. I understand that withholding any information may be detrimental to my health during the procedure. If there is any change in my medical history, it is my responsibility to inform us.

Patient Signature: Date:

Practitioner Signature: Date:



Botulinum Toxin used	
Total number of units used	
Lot number	
Expiry date	
Dermal Filler Used	
Area/s Treated	
Total number of syringes used (Attach sticker/s here)	

Dr S Aesthetics

Reason for treatment:

I have read a copy of the foregoing consent for the procedure, understand it, accept these facts, and hereby authorize to perform the procedure of BOTOX/DERMAL FILLER injections.

PATIENT'S NAME (Please Print): _____

PATIENT'S SIGNATURE: _____

DATE: _____

DOCTORS NAME (Please Print): _____

DOCTORS SIGNATURE: _____

DATE: _____

Risks and Possible Complication

Possible Risks, Complications & Side Effects to Botox

- Hypersensitivity, Allergic response, Anaphylactic reaction (rare but can occur)
- Asymmetry of facial expressions
- Muscle weakness, twitching
- Bruising/swelling/skin redness
- Stinging/burning
- Headaches
- Drooping of the eyelid or eyebrow (ptosis)/local muscle weakness, double vision, dry/teary eyes
- Hives, feeling faint, nausea or flu like symptoms, tiredness
- Swelling of the face or throat, dry mouth, difficulty swallowing
- Infection at treatment site
- Period to take effect, further treatment needed, remaining muscle movement

Possible Risks, Complications & Side Effects to Dermal Fillers

- Hypersensitivity, Allergic response, Anaphylactic reaction (rare but can occur)
- Formation of nodules (lumps) around the treated area
- Slight visibility/palpability of the product under the skin
- Persistent bruising which may last up to several weeks
- Infection/abscess formation following treatment, eruption of cold sores
- Small/Rare possibility of filler being injected into a blood vessel which could lead to blockage of the blood flow to the area supplied by the blood vessel causing skin soreness, coldness, numbing and discoloration. Please contact the clinic as soon as possible in this instance.
- Perfect symmetry may not be achievable.
- Limited or non-response to treatment
- Extremely rare risk of blindness if filler is injected into certain anatomical sites, such as the Glabella, Nasolabial folds and the Nose.

General Complications

- Stinging/tingling/burning/bruising/swelling
- Injection site bleeding/skin redness around treatment area

Please Note

- Due to the subjective nature of the treatment it is not possible to guarantee results
- Longevity of treatment results may vary between individuals.
- Patients can react differently to the same treatment
- List of possible risks and complications is not exhaustive.

I have read and understood the side effects and possible complications related to my treatment.
I have received a copy of the Patient Guide to Botox and Temporary Injectable Dermal Fillers.

Patients Signature: Date: