



PATIENT INFORMATION AND MEDICAL HISTORY

Name: _____ Date: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone: _____ E-mail Address _____
 Date of Birth _____ Age _____ Sex _____

HISTORY

Please check if you have had the following:

Diabetes _____	Irregular menses _____
Hepatitis _____	Heart problems _____
Herpes _____	Hypertension _____
	Photosensitive Disorder _____
	Autoimmune illness _____

Are you under the care of a physician? _____
 Current/Recent medications _____

If yes explain

Keloid scars	Yes	No _____
Hives	Yes	No _____
Skin Cancer	Yes	No _____
Waxing	Yes	No _____
Electrolysis Cold Sores	Yes	No _____
Hypersensitivity to skin products	Yes	No _____
Skin Infections	Yes	No _____
Tanning within the last 6 wks	Yes	No _____
Use of acne products/drugs	Yes	No _____
Laser skin resurfacing Chemical Peels	Yes	No _____
Photo sensitizing substances	Yes	No _____
Laser work of any type	Yes	No _____

Medical Illness. _____
 Are you pregnant? _____
 Allergies of any kind including drugs _____
 Areas of interest for aesthetic treatment _____

Requested Area of Treatment:

BOTOX

Frown lines (between the eyes) _____
 Horizontal forehead lines _____
 Crow's Feet _____
 Bunny lines (bridge of nose) _____
 Droopy Eyebrow _____

Filler

Lip Augmentation. _____
 Nasolabial folds. _____
 Marionette Lines. _____
 Vertical Lip Lines _____
 Scar fill-in _____

**THE WOMEN'S GROUP OF NORTHWESTERN
CONSENT FOR BOTOX®**

Patient Name: _____ Date of Birth: _____

1. I consent to the performance of Botox® injections on the above-named patient. This is to be performed by or under the supervision of

Dr. _____ who has explained to me:

A. **The purpose and cosmetic nature of this procedure/treatment:** The injection of a very small amount of Botox®, a purified toxin produced by the bacterium clostridium botulinum, into the specific muscle causes weakness or paralysis of that muscle. This results in relaxation of the muscle and improvement of the lines or wrinkles that the muscle action has formed.

B. Known significant risks have been disclosed, yet the theoretical risk of unknown complications does exist. **Possible risks and complications of botox which may include:**

1. Transient headache
2. Swelling
3. Bruising (Substances that increase this risk include Vitamin E, Aspirin, Motrin, other nonsteroidal anti-inflammatory drugs and blood thinning medications such as Coumadin. I understand if I have taken any of these products in the past 7 days the procedure may not be recommended.)
4. Pain during injection
5. Twitching
6. Itching or numbness
7. Asymmetry (Unevenness) and/or temporary drooping of eyelids or eyebrows

C. **Anticipated benefit:** Response is usually between 7-10 days after injection. Typically, the muscle action (wrinkles) will return in 4-5 months. At this point a repeat treatment can relax the muscle and soften the lines again. I agree to follow up in 2-4 weeks after my first treatment, if asked to do so by my physician.

2. I was informed this procedure is considered a cosmetic treatment. I was also informed that in a small number of individuals, the injection does not work as satisfactorily or for as long as usual. I understand there is no guarantee that any particular results will be obtained. Payment for this cosmetic procedure is my responsibility. I understand that there will be an additional fee for touch ups. I have had the opportunity to discuss this procedure with a physician and received answers to all questions I asked.

3. Botox® is best at treating dynamic facial lines, those caused by facial muscles activity; lines present at rest may or may not improve.

4. I understand there is an increase in side effects if I do not follow certain instructions. These include:

- a. I will not lie down or bend forward for any extended periods of time for four hours post procedure.
- b. I will not manipulate or massage the treated area for at least 4 hours post procedure.

5. I understand that there are certain conditions when Botox® treatments are not recommended. These include:

- a. Neurological disease, such as myasthenia gravis
- b. Pregnancy or breastfeeding

6. I authorize the physician performing this procedure to obtain the assistance of other physicians as she considers advisable.

7. I would like a follow up call to check on my status? YES NO

8. I can be reached at: (_____) _____ - _____ OK to leave message? YES NO

I have read and fully understand this Botox consent. All the blank spaces were filled in before I signed the form.

Signature of Patient

Date and Time

Statement of Physician

I certify that at the time the above consent was signed, the person who signed was capable of understanding the nature of the patient's physical condition and of the proposed diagnostic or therapeutic procedure; the risks involved in the proposed diagnostic or therapeutic procedure and any reasonable alternatives to the proposed diagnostic or therapeutic procedure; and the risks involved in refusal of the proposed diagnostic or therapeutic procedure.

I certify that I explained to the person signing this consent the items described in paragraph 2 of the consent to Diagnostic and Therapeutic Procedure, that I answered the signer's questions concerning them and that I witnessed the signature of the patient or other person authorized to consent for the incompetent patient named above.

Elena M. Kamel, M.D.

Julie M. Levitt, MD

Date _____

Medical Records Number: _____

Date: _____ Patient Name: _____

Patient Treatment Chart for Botox

Injection pattern

___ Photos (before)

___ BOTOX

LOT NUMBER# _____

<u>Areas Treated</u>	<u>Units Used</u>
1. Glabellar	_____
2. Frontalis	_____
3. Crows Feet	_____
4. _____	_____



___ Photos (after)

Total Areas treated: _____

Total Units used: _____

ITEM	UNIT COST	TOTAL FEE
BOTOX	_____ /unit	\$ _____

Patient SignatureX _____ Provider signatureX _____

Medical Records Number: _____

Date: _____ Patient Name: _____

BOTOX COSMETIC PRE AND POST CARE INSTRUCTIONS

1. Your provider only uses FDA approved Allergan manufactured BOTOX Cosmetic
2. It is helpful to avoid blood thinner over-the counter medications such as Aspirin, Motrin and Aleve prior to any treatment. If bruising occurs, it is most common around the eyes and can be covered using a cover-up stick. While we make every effort to avoid bruising, this may occur because the skin around the eyes is very thin and there are several small blood vessels in this area. Bruising is usually minimal and may take up to 7 days to resolve completely.
3. Your treatment will take effect anywhere from 7-10 days.
4. Immediately following your treatment, please do not lie down for 4 hours.
5. Avoid any massage or pressure to the area, as this may disrupt placement of the drug. If you would like to re-apply makeup, please do so gently over the treated area.
6. Refrain from heavy exercise for 24 hours.
7. Contract and release the treated muscles every few minutes over the next hour following treatment. This helps with "uptake" of the drug.
8. Allergan, the Manufacturer of BOTOX, as well as our own patient experiences, report the average duration of results is approximately 4-5 months. It is important to maintain regular injection intervals to maintain an optimal aesthetic results and prevent returning to your original pre-treatment condition.
9. Let us know if you have any comments, questions, or concern. Our entire staff is committed to patient education, safety and care.

INJECTABLE PRE-INSTRUCTIONS AND INFORMATION

1. To decrease the incidence of bruising and bleeding, refrain from all **blood-thinning medications and supplements 14 days before an injectable filler treatment**. If you need to take something for the relief of minor aches or pains, **YOU MAY TAKE TYLENOL** (Acetaminophen). Please refer to your medication sheet for a comprehensive list. If you have any questions, please call our office, and speak with your provider.
2. Please avoid any alcohol for 48 hours before your injectable treatment.
3. If you tend to bruise easily, begin taking homeopathic Arnica 2 days before treatment (used to reduce bruising and swelling) or Arnica Montana as directed which is found at Whole Foods and Vitamin Stores.
4. Ice Compress are used throughout the procedure for your comfort and to help minimize swelling and bruising.

Medication/Supplements to Avoid

1-Week Prior to Botox Treatment AND 2 Weeks Prior to an injectable Filler Treatment

Advil	Celebrex	Goody's	Persistin
Aleve	Cheracol Capsules	Heparin	Phentermine
Allegra	Chlortrimeton	Ibuprofen	Phenylbutazone
Alka-Seltzer	Clinoril	Indocin	Pontel
Alka-Seltzer Plus	Congesprin Chewable	Indomethacin	Propoxyphene Compound 65
Anacin	Cope Tablets	Ilanorinal	Robaxinal
Anaprox	Coumadin	Lioresal	Rufen
Anadynos	CP-2 Tablets	Lortab	Ru-Tuss
Ansaid	Damason-P	Lovenox	S.A.C.
A.P.C.	Darvon Compound	Magan	Saleto
Argesic	Darvon Compound-65	Magsal	Salocal
Arthropan Liquid	Darvon N with A.S.A.	Marnal	Sine Aid
Arthritis Pain Formula	Darvon w/A.S.A.	Maximum Bayer Aspirin	Sine-off Sinus Medicine
Arthritis Strength Bufferin	Pulvules	Measurin	Sinutab
A.S.A.	Di-gesic	Medomem	SK-65 Compound
A.S.A. Enseals	Disalcid	Methcarbamol w/Aspirin	Stanback
Ascriptin	Dolobid	Micrainin	Stendin
Ascriptin A/D	Dolprin	Mobidin	St. Joseph's Aspirin for Kids
Ascriptin w/Codine	Dristan	Midol	St. Joseph's Cold Tablets
Ascriptin Extra Strength	Durasal Tablets	Mobigesic	Sulindac
Asperbuf	Easprin	Momentum Muscular	Surmontil
Aspergum	Ecotin	Backache Formula	Synalgos
Aspirin	Efficin	Motrin	Tagamet
Atromid	Elavil	Mysteclin F	Talwin Compound
Axotal	Emagrin	Nalfon	Tenuate Dospan
Axolid	Emprazil	Naprosyn	Tetracycline
Bayer Aspirin	Empirin with Codeine	Neocylate	Tolectin
Bayer Aspirin Maximum	Encaprin	Nicobid	Tometin
Bayer Children's Aspirin	Endep	Norgesic	Triaminicin
Bayer Children's Cold	Equagesic Tablets	Norgesic Forte	Triavil
Bayer Time-Release	Etrafon	Nuprin	Trigesic
B.C. Tablets and Powder	Excedrin	Oraflex	Trilisate Tablets & Liquids
Buff-a-Comp	Feldene	Orudis	Tumeric
Buff-a-Comp No. 3	Florinal	Pabalate-SF	Uracel
Buffets II	Flagyl	Pamelor	Vanquis
Buffinol	Flexeril	Parnate	Verin
Buf-Tabs	Four-Way Cold Tablets	Pepto-Bismol Tablets	Vibramycin
Butazolidin	Gaysal-S	Pepto-Bismol Suspension	Voltaren
Cams Arthritis Pain Reliever	Gelprin	Percodan	Wine/Alcohol
Carisoprodol	Gemisnin	Persantine	Zomax
			Zorprin

HERBAL SUPPLEMENTS

Billberry (vaccinum myrtillus)	Cayenne (capsicum annum)	Chia Seeds
Cumin	Dong QuaL (angelica alnensis)	Echinacea (Echinacea augusifolia)
Feverfew (tanacetum paithenium)	Fish Oil (Omega 3)	Flax Seed
Garlic (allium sativum)	Ginger (zingiber officinate)	Ginko Biloba
Ginseng (panax ginseng/panax quinquefolium)	Hawthorne (crataegus laevigata)	Kava Kava (piper methysticum)
Licorice Root (gylcyrrhiza glabra)	Ma Huang (ephedra sinica)	Melatonin
Red Clover (trifolium pretense)	St. John's Wart (hypericum peforatum)	Valerian (valerian officinalis)
Vitamin E	Yohimbe (corynanthe yohimbe)	

- Any questions on Medication/Supplements to avoid, please call your provider.