

Botox & Medical Cosmetic Intake Form

Patient Name

Date of Birth

Address

City

State

Zip Code

Phone Number

Emergency Contact Name

Emergency Contact Phone Number

Medical and Cosmetic History

Do you have any allergies?

☐ Yes ☐ No

If yes, please list:_____

Are you currently taking any prescription or over-the-counter medications, or vitamins?

☐ Yes ☐ No

This includes oral medications as well as injectables or topicals.

If yes, please list:_____

Have you had any cosmetic procedures, such as dermal fillers, fillers, reconstruction,
or plastic surgery?

☐ Yes ☐ No

If yes, please list:_____

Do you have any chronic medical conditions?

☐ Yes ☐ No

If yes, please list:_____

Are you pregnant or nursing? ☐ Yes ☐ No

Do you have any skin diseases or conditions? ☐ Yes ☐ No

Do you have diabetes? ☐ Yes ☐ No

Do you have an eye disease? ☐ Yes ☐ No

Do you have high blood pressure? ☐ Yes ☐ No

Do you take blood thinners? ☐ Yes ☐ No

Do you have low blood pressure? ☐ Yes ☐ No

Do you have any infectious diseases? ☐ Yes ☐ No

Do you have epilepsy or other
neurological disorders? ☐ Yes ☐ No

Do you have an autoimmune
disease or disorders? ☐ Yes ☐ No

Do you have any
cardiovascular conditions? ☐ Yes ☐ No

Do you have herpes or cold sores?
(Active or inactive) ☐ Yes ☐ No

Do you have lupus? ☐ Yes ☐ No

Have you ever had hepatitis? ☐ Yes ☐ No

Botox Consent Form
Please initial each of the following

- _____ I have elected, by my own decision, to have Botox injections administered.
- _____ I acknowledge that Botox is FDA approved for cosmetic treatments and purposes only.
- _____ The procedure, including the process and objective, has been explained to me before undergoing Botox injections.
- _____ I have been given the opportunity to ask questions regarding any benefits, risks, or possible complications of the procedure.
- _____ I understand that my provider has taken measures to minimize any risks or negative reactions. Although it is impossible to list every possible risk or reaction. I acknowledge any reaction or complications associated with the procedures as they have been explained to me.
- _____ I have followed all pre-procedure care instructions as they have been explained to me.
- _____ I understand all aftercare procedures for Botox as they've been explained and I intend to adhere to the instructions given to me.
- _____ I understand that Botox injections are administered to small muscles and the botulinum toxin may cause temporary muscle weakness or paralysis which will subside in 3-4 months.
- _____ I acknowledge that the spread of Botox effects past the injection area is rare but may occur.
- _____ I understand that Botox is used to smooth lines and wrinkles temporarily and will need to be administered again for continued results.
- _____ I understand that it is possible to experience uneven results if some muscles are affected more than others. This may be corrected through further injections.
- _____ I understand that there are no guaranteed results and that many results may vary from others. I may require further treatments at an additional cost to achieve my desired results.
- _____ I understand that Botox is not recommended for people with severe allergies or those who have had a history of anaphylaxis to any of the ingredients of Botox fillers.
- _____ I confirm that I am not taking aminoglycoside antibiotics or other drugs known to interfere with or block neuromuscular transmission.
- _____ I understand that Botox is not recommended if I have any of the contraindications listed on the intake form.
- _____ I confirm that I have given an accurate account of my medical history, including my allergies or medications that I am currently taking or intent to take.

With my signature below, I confirm that I have read fully and understand the information in this consent form and all details included. I have provided an accurate account of my medical history including any medications I take or intend to take, and any medical procedures I intend to undergo. By signing below, I agree to accept all and full responsibility for any risks, injuries, damages or side effects that may occur as part of the procedure. I will not hold my Botox provider responsible for any conditions present, but not disclosed at the time of treatment, that may affect the treatment.

Patient Printed Name

Patient Signature

Date

Provider Printed Name

Provider Signature

Date

Photograph Consent

By signing this consent form, I authorize Masters Family Medical and its representatives to take photographs of my face and treatment areas before, during, and after my Botox injections performed in-office. I understand that these images are for medical documentation, treatment planning, and tracking progress over time. I understand that these images may also be used as internal training and educational purposes amongst clinical staff.

Patient Printed Name

Patient Signature

Date

I give permission for Masters Family Medical to use my treatment photographs for marketing and promotional purposes, including but not limited to use on their official website, Instagram, Facebook, and other social media or advertising platforms. I understand that these images may be seen by the general public. I understand that my identity will be protected to the extent possible, and no names or personal details will be shared without my additional written consent. I may revoke this consent at any time by submitting a written request; however, I acknowledge that this revocation will not affect materials already published.

Patient Printed Name

Patient Signature

Date

☐ ***I do not consent to the use of my photographs for marketing or advertising purposes.***

By checking this box, you are indicating that you do not give permission for any photos taken during your treatment to be used on social media, the clinic's website, or in any promotional materials. Your photos will still be used for clinical documentation only and will remain part of your private medical record.

Botox Aftercare Instructions

- Sit **Upright** for the next 4 hours.
- **Avoid** exercising for the first 3-4 days.
- Do **Not** apply makeup for the first 24 hours
- Do **Not** drink alcohol for the first 24 hours.
- Do **Not** touch the area for 1-3 days.
- **Avoid** skin treatments like facials, massage, exfoliation, dermal fillers, ETC. for at least the first 24 hours.
- **Avoid** sleeping directly on the treated areas, especially for the first 24 hours.
- **Avoid** the sun or other forms of heat exposure like tanning beds, hot tubs, hot showers or saunas for 24-48 hours.
- **Redness, tingling** and some **swelling** is typical for the first 24 hours.
- **Bruising** is common and should disappear within 2 weeks. Apply an ice pack for relief if your provider suggests.
- Ask your provider about medications that may **increase** bruising.
- Seek medical help **immediately** if you experience trouble swallowing, breathing, speaking, have muscle weakness, vision changes or loss of bladder control.