



Welcome

BOTULINUM TOXIN A MEDICAL HISTORY

Name _____ Address _____
 City _____ State _____ Zip _____ Email _____
 Home Phone _____ Work/Cell Phone _____
 Primary Physician's Name _____ Phone # _____
 B/P _____ T _____ P _____ R _____ DOB _____ Age _____ Ht _____ Wt _____

Please list all medications you are currently taking: _____

Allergies: _____ Are you on Antibiotics at this time? _____

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

- Myesthenia 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: _____

Previous Hospitalizations/Operations: _____

WOMEN: Are you Pregnant, Trying to get Pregnant, or Lactating (nursing)? _____

Have you had Plastic Surgery or other surgery to your face/neck areas when? _____

Had Botulinum Toxin A injections before? _____ Last treatment _____ What Areas?
 Were you happy with previous Botulinum Toxin A treatments? _____

Explain _____

Have you ever had eyelid/eyebrow droop after Botulinum Toxin A? _____
 Do you show a lot of upper eye lid when eyes are open? _____
 Do your eyelids feel extra heavy when you don't get enough sleep? _____
 Do your eyelids droop without sleep? _____
 Areas of special concern? _____

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.

Patient Signature _____ Date _____

Shannon P. Galinis, D.M.D.

CONSENT TO BOTULINUM TOXIN A TREATMENT

Botulinum Toxin A a neurotoxin produced by the bacterium Clostridium A. Botulinum Toxin A can relax the muscles on areas of the face and neck which cause wrinkles associated with facial expressions. Treatment with Botulinum Toxin A can cause your facial expression lines or wrinkles to essentially disappear. Areas most frequently treated are: a) glabellar area of frown lines, located between the eyes; b) crow's feet (lateral areas of the eyes); and c) forehead wrinkles. Botulinum Toxin A 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 3-6 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. Double Vision 3. Rarely weakened tear duct 5. Post treatment bacterial, and/or fungal infection requiring further treatment 6. Allergic reaction 7. Minor temporary droop of eyelid(s) in approximately 2% of injections; this usually lasts 2-3 weeks 8. Occasional numbness of the forehead lasting up to 2-3 weeks, 9. Transient headache, and 10. Flu-like symptoms may occur.

PHOTOGRAPHS

I authorize the taking of clinical photographs and their use for scientific purposes both in publications and presentations. I understand my identity will be protected.

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), have any significant Neurologic disease including but not limited to Myasthenis Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), Parkinson's or that I have any allergies to the toxin ingredients, or to human albumin.

PAYMENT

I understand that this is an "elective" cosmetic procedure and that payment is my responsibility.

RESULTS

I am aware that when small amounts of purified botulinum ("BOTULINUM TOXIN A") are injected into a muscle it causes weakness or paralysis of that muscle. This appears in 2 - 10 days and usually lasts 3-6 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 and there are some individuals who do not respond at all. I understand that I will not be able to "frown" while the injection is effective 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 (s) of the injections for the 2 hours post-injection period.

I understand this an elective procedure and I hereby voluntarily consent to treatment with Botulinum Toxin A injection for the condition known as: Facial Dynamic Wrinkles. The procedure has been fully 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 and I understand that no guarantees are implied as to the outcome of the procedure. I also certify that if I have any changes in my medical history I will notify the office immediately.

Patient Name (Print)

Patient Signature

Date

Witness Name (Print)

Witness Signature

Date

Shannon P. Galinis, D.M.D.

PATIENT CONSULTATION SESSION

PRE - TREATMENT INSTRUCTIONS

It is prudent to follow some simple guidelines before treatment that can make all the **difference between a fair result and a great result**, by reducing some possible side effects associated with the injections. We realize this is not always possible; however, **minimizing risks is always desirable.**

- **Avoid Alcoholic beverages** at least **24 hours prior** to treatment (Alcohol may thin the blood increasing risk of bruising).
- **Avoid Anti-inflammatory / Blood Thinning medications** ideally, for a period of **two (2) weeks before treatment.** Medications and supplements such as Aspirin, Vitamin E, Gingo Biloba, St. John's Wort, Ibuprofen, Motrin, Advil, Aleve, Vioxx, and other NSAIDS are all blood thinning and can increase the risk of bruising/swelling after injections.
- **Schedule Botulinum Toxin A appointment at least 2 weeks prior** to a **special event which may be occurring, i.e., wedding, vacation,** etc. etc. It is not desirable to have a very special event occurring and be bruised from an injection which could have been avoided.

Shannon P. Galinis, D.M.D.