



CANADIAN ASSOCIATION  
OF  
MEDICAL AESTHETICS  
Proudly Canadian

**MEDICAL HISTORY FORM**

Name:	Date:
Address:	Email Address:
Best Phone Number to Reach You:	Date of Birth:
Emergency Contact:	Phone:
Primary Physician/City/State:	Medications/Supplements:
Allergies:	Medical Conditions:
Surgeries:	Are you an active smoker?
How many alcoholic drinks do you have daily?	What area(s) would you like to have treated?

Have you ever had BOTOX® Cosmetic? If so, when was your last treatment?

What other medical cosmetic procedures have you had?

Do any of the following apply to you? (Please circle)

Allergy to botulinum A toxin	Hepatitis/HIV	Needle Phobia
Neuromuscular disease	Eye Disease/Vision problems	Keloid/Excessive scarring
Attempting to become pregnant	Pregnant	Nursing

I have completed this medical history form as accurately as possible. I understand that the health information that I have provide on this form will assist in determining the appreciate treatment for me. I agree to notify Sarah Arseneault Nurse Practitioner of any change to my medical history or state of health. I will not hold Sarah Arseneault responsible for any errors or omissions I have made in the completion of this form. I understand that my personal health information will be treated confidentially.

Patient Name (Print)	Patient Signature	Date
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## **Informed Consent for Botulinum Toxin Type A (Dysport) and Hyaluronic Acid Filler Injections**

NAME \_\_\_\_\_

### **Botulinum Toxin Type A**

\_\_\_\_\_ I am aware that when a small amount of purified Botulinum Toxin Type A is injected into a muscle it causes weakness or paralysis of that muscle. This appears in 3-14 days and usually lasts up to four months but can be shorter or longer.

#### *Results and Post Treatment Care:*

1. I understand that I will not be able to move the treated muscles while the injection is effective but this will reverse itself after a period of 3-4 months at which time re-treatment is appropriate.
2. I understand that I must stay in the erect posture and that I must not manipulate the area of the injection for 3 hours post injection.

#### *Risks and Complications:*

\_\_\_\_\_ Botulinum Toxin Type A treatment of frown lines can cause minor temporary droop of an eyelid or an eyebrow in approximately 2% of injections. This usually lasts 2-3 weeks. Occasionally numbness of the forehead lasting 2-3 weeks, bruising and transient headaches can occur. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual.

### **Hyaluronic Acid Filler**

\_\_\_\_\_ I clearly understand that fillers are:

1. sterile gels consisting of a cross linked hyaluronic acid of non animal origin
2. are injected via a syringe into the dermis (skin) to temporarily correct lines, wrinkles, folds and contours of the face or to temporarily increase volume in areas of the face.
3. Provides correction for an average of 4-12 months (some fillers last up to 2 years). This effect varies depending on the type of skin, areas of injection, amount injected and injection technique.
4. A touch up procedure a few weeks after the first injection may help increase persistence and optimize results

#### *Side effects, Risks and Complications:*

\_\_\_\_\_ Inflammatory reactions which include redness, swelling, pain, itching, bruising and tenderness at the implant site, typically resolving a few days following injection

\_\_\_\_\_ Swelling or nodules may develop at the injection site



\_\_\_\_\_ Very rare cases of discoloration of the injection site have been reported

\_\_\_\_\_ Rare cases of necrosis, abscess, granuloma or hypersensitivity have been reported after injections of hyaluronic acid

\_\_\_\_\_ Increase of bruising or bleeding at injection site if using acetylsalicylic acid (aspirin) or ibuprofen (advil/motrin).

\_\_\_\_\_ Persistence of any of these reactions for more than a week, pain persisting for longer than a few hours post injection or the development of other side effects must be reported to the injector as soon as possible

\_\_\_\_\_ Other types of reactions are rare, but approximately one in every 2000 treated patients has experienced localized allergic reactions after one or more injections. These have usually consisted of swelling and firmness at the implant site, sometimes affecting the surrounding tissue. Redness, tenderness and rarely acne like formations have also been reported. These reactions have either started a few days after injection or after a delay of a few weeks and have generally been described as mild to moderate and self limiting, with an average duration of 2 weeks. In rare instances these reactions have persisted for several months.

\_\_\_\_\_ On very rare occasions (less than one in 15,000 treatments) prolonged firmness, abscess formation or grayish discoloration at the implantation sites have occurred. These reactions can develop weeks to months following the injections and may persist for several months but normally resolve with time. Even more rarely, the formation of a scab and the sloughing (shedding) of skin at the treatment site has been noted, which could result in a shallow scar.

\_\_\_\_\_ Very rarely vascular occlusion can occur at the site or near the site of injection. This may initially appear as a greyish or whitish discoloration and develop into a reddish/purplish discoloration with the progression of hours to days. The site will be progressively painful and unrelenting. If this occurs notify the injector immediately.

\_\_\_\_\_ Very rarely blindness may occur shortly following injection. If this occurs notify the injector immediately and go to the nearest emergency department.

**Photographs:**

\_\_\_\_\_ I authorize the taking of clinical photographs for my file to have a before/after reference. I authorize the use of these photographs to be used for scientific purposes both in publications and in presentations as well as for promotions. I understand my identity will be protected.

\_\_\_\_\_ I have informed the injector of my medical history and I clearly understand I cannot be treated with Botulinum Toxin Type A or Hyaluronic acid filler:

1. If I am pregnant or breastfeeding
2. In areas with inflammatory and/or infectious disease skin problems (acne, etc)
3. If I have a past history of autoimmune disease
4. If I am receiving immunotherapy treatments
5. If I have a known hypersensitivity to hyaluronic acids
6. If I have a tendency to develop hypertrophic scarring

I have informed my injector about all the medications I have taken or am currently taking including herbal medications (i.e. ginseng).

I understand the post treatment instructions.

I understand the risks and benefits of Botulinum Toxin Type A and Hyaluronic acid fillers.

**Payment:**

\_\_\_\_\_ I understand this is a cosmetic procedure and that payment is my responsibility. I have read the above and understand it. The injector has answered all my questions satisfactorily. I accept the risks and complications of the procedure.

Client's Signature \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Client's Name \_\_\_\_\_ Witness \_\_\_\_\_

Medical Director:      Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



