



**Alexander**  
Aesthetics

**PERSONAL INFORMATION AND CONTACT DETAILS**

**BOTULINUM TOXIN TYPE-A**

**Title** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**D.O.B** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Tel Nos** \_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

**Other treatments would be interested in at a later date (please tick)**

Botox – Frown [ ]      Forehead [ ]      Crow's Feet [ ]

Fillers – Lips [ ]      Naso-labial folds (nose to mouth lines) [ ]

Fillers – Frown [ ]      Peri-oral lines (smokers lines) [ ]

Dermal Roller [ ]      Skin Peels/ Microdermabrasion [ ]



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**MEDICAL QUESTIONNAIRE FOR BOTULINUM TOXIN TYPE A**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Please answer yes or no to the following questions and give more details as required. If there are any questions you don't understand or have any concerns, please ask your practitioner.

Is there any possibility you could be pregnant Y/N

Are you breastfeeding? Y/N

Have you ever had a severe allergic reaction/anaphylaxis? \_\_\_\_\_ Y/N

Are you currently receiving any medical treatment? (This includes any medication or treatments from doctors, hospitals, clinics, other practitioners or over the counter medications)? \_\_\_\_\_ Y/N

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Are you due to start any medical treatment within the next 4 weeks? \_\_\_\_\_ Y/N

Have you received any antibiotics over the past 3 weeks? \_\_\_\_\_ Y/N

Have you had any operations over the past 4 weeks? \_\_\_\_\_ Y/N

Are you due to have any operations? \_\_\_\_\_ Y/N

Do you ever suffer from dysphagia (difficulty in swallowing)? \_\_\_\_\_ Y/N

Do you have any problems with your heart? \_\_\_\_\_ Y/N

Do you have a phobia of needles or suffer from fainting? \_\_\_\_\_ Y/N

Have you ever been diagnosed with Myasthenia Gravis or Eaton Lambert syndrome? \_\_\_\_\_ Y/N

Have you ever suffered from any long term medical condition? \_\_\_\_\_ Y/N

Have you previously received any aesthetic treatments eg. Laser, microdermabrasion, dermabrasion, skin peels, dermaroller? \_\_\_\_\_ Y/N



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If yes, please give details \_\_\_\_\_

\_\_\_\_\_

Have you ever had any facial surgery? \_\_\_\_\_ Y/N

Have you previously received Botulinum toxin type A treatment? \_\_\_\_\_ Y/N

If yes, did you have any problems following this? \_\_\_\_\_ Y/N

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

Do you have any skin conditions? \_\_\_\_\_ Y/N

Are you due to fly within the next 24 hours? \_\_\_\_\_ Y/N

**I confirm that I have completed this fully and to the best of my ability.**

First Name \_\_\_\_\_ Surname \_\_\_\_\_ (Please print)

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practitioner signature: \_\_\_\_\_ Practitioner Name: \_\_\_\_\_



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I confirm that ....., who uses Botulinum Toxin Type A for cosmetic treatments, has given me sufficient information to enable me to understand the use of the product. I have received information regarding the products contraindications and possible side effects. I have been given the opportunity to ask questions about the proposed treatment.

When completing the medical history questionnaire, I have answered the questions fully and to the best of my ability. I have also given further details relating to my medical history when asked.

### **I CONFIRM I HAVE BEEN INFORMED THAT:**

Botulinum Toxin Type A is injected into the skin to correct lines and wrinkles (in certain areas this treatment is used off licence). Due to the use of a needle, there may be some bleeding or bruising at the injection site

### **POSSIBLE SIDE EFFECTS:**

Like all medicines, Botulinum Toxin Type A can produce unwanted effects.

Adverse reactions possibly related to the spread of toxin distant from the site of administration have been reported very rarely with Botulinum Toxin (e.g. muscle weakness, difficulty to swallow or pneumonia due to unwanted food or liquid in the airways).

In general, adverse reactions occur within the first few days following injection and are temporary. Most adverse events are of mild to moderate severity.

As expected for any injection procedure, pain/burning/stinging, swelling and/or bruising may be associated with the injection. Speak to your practitioner if you are worried about this.

Common side effects are: (classified as more than 1 out of 100 persons and less than 1 out of 10)

◆ headaches ◆ drooping eye lid ◆ skin redness ◆ localised muscle weakness ◆ face pain

Uncommon side effects are: (classified as more than 1 out of 1,000 persons and less than 1 out of 100)

◆ infection ◆ anxiety ◆ numbness ◆ dizziness ◆ inflammation of the eyelid ◆ eye pain ◆ visual disturbance

◆ swelling (face, eyelid, around the eyes)

Allergic reactions, difficulties to swallow, speak or breathe, have been reported rarely when Botulinum Toxin Type A has been used for other uses. Visit your doctor immediately if such signs develop after any Botulinum Toxin treatment.

I agree that after treatment I will avoid alcohol consumption, strenuous physical activity and touching the area for 6 hours and avoid lying down for 4 hours.

I understand that the practice of medicine and surgery is not an exact science and therefore that no guarantee can be given as to the results of the treatment referred to in this document. I accept and understand that the goal of this treatment is improvement, not perfection, and that there is no guarantee that the anticipated results will be achieved.

I \_\_\_\_\_ (Please print name)

Consent to the treatment detailed on this form.

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**TREATMENT RECORD – FOR PRACTITONER USE ONLY**

Date \_\_\_/\_\_\_/\_\_\_



**Areas Treated:** \_\_\_\_\_

**Product Type:** \_\_\_\_\_

**Lot No:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_



**Areas Treated:** \_\_\_\_\_

**Product Type:** \_\_\_\_\_

**Lot No:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_