



# St Mellion Clinic

Aesthetic & Sports Injury

Unit 5 Briston Orchard, St Mellion, Saltash, Cornwall, PL12 6RQ ☎0844 800 8839

## CONFIDENTIAL MEDICAL DETAILS and

### CONSENT FORM FOR BOTULINUM TOXIN TYPE A AND DERMAL FILLER THERPAY

Please carefully answer the following questions so that you will be given the best and safest care. If uncertain about anything, then please ask your doctor for help

Full name:		Title [Mr Mrs etc]	
Date of birth:			
Address:			
Post Code:		Occupation:	
Tel:			
Home:		Work:	Mobile:
Your GP: Name and address:			

## YOUR MEDICAL HISTORY

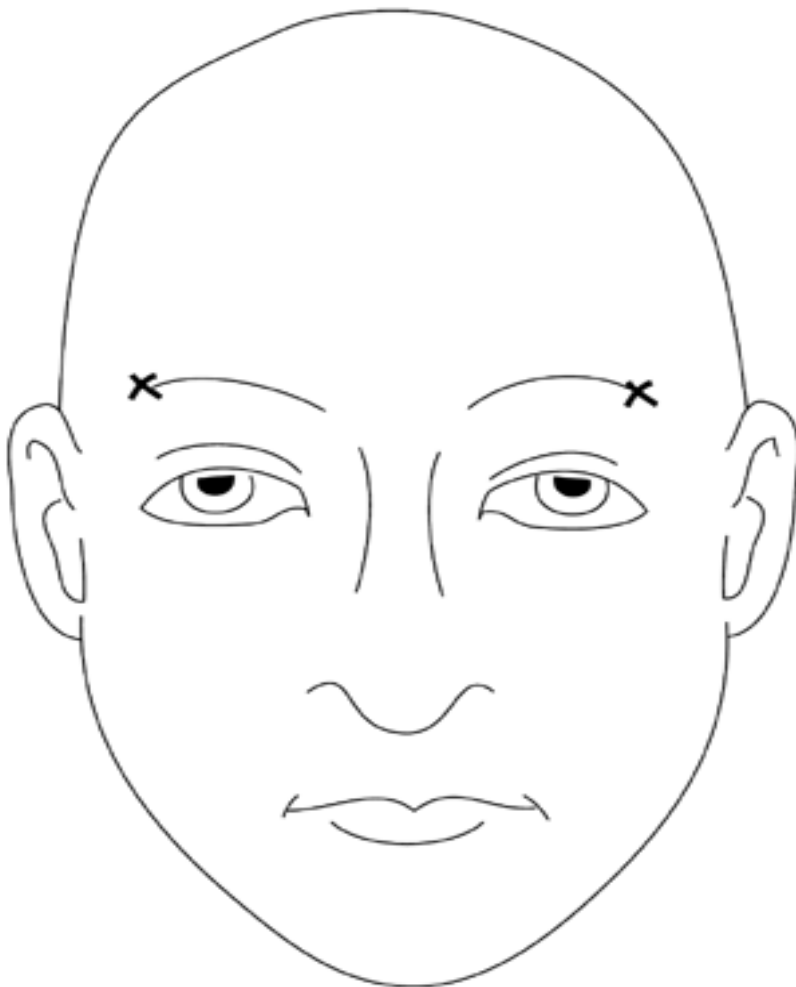
What are your concerns and what areas would you like treated?	Details:		
What are your expectations?	Details:		
<b>ARE YOU</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
On aspirin, warfarin, NSAID, antibiotics?			
On St Johns Wort or any herbal medication?			
On steroids?			
On any medication?			
Allergic to any medication or <b>albumin</b> ?			
Pregnant? Planning pregnancy? Breast feeding?			
<b>HAVE YOU:</b>	<b>YES</b>	<b>NO</b>	<b>DETAILS</b>
Suffered from <b>swallowing or breathing disorders</b>			
Blood disorder or <b>do you bruise easily?</b>			
Lung disease			
Heart disease			
Kidney disease			
Nervous system disease [epilepsy, stroke ect]			
Abnormal muscle weakness or disease [ <b>myasthenia graivs, Eaton Lambert syndrome</b> ]			
<b>Active skin infection</b> at site of injection			
Thyroid disease or hormone disorder			
Been treated for depression			
Diabetes			
Skin disorders [eczema, psoriasis, skin cancer, pigment]			
Do you suffer keloid or hypertrophic scarring			
Liver disease			
Had reaction to local anaesthetic			
Hypertension [Blood pressure]			
<b>Past Medical History:</b>			

HAVE YOU:	YES	NO	DETAILS
Had previous <b>botulinum toxin type A</b> injection? <sup>1</sup>			
Had <b>dermal fillers</b> before?			
Had <b>plastic surgery/laser treatment</b> before?			
Had <b>major medical or surgical illness recently?</b>			
Infectious disease [ <b>HIV, hepatitis</b> ]			
Suffered <b>cold sore</b> [herpes simplex]			
HAS YOUR DOCTOR DISCUSSED	YES	NO	DETAILS
<b>Procedure involved</b> in botulinum toxin type A injection and injection of dermal fillers for <b>wrinkle/hyperhidrosis</b> treatment			
How botulinum toxin type A works			
You understand full effects of botulinum injection may take <b>upto 2 weeks</b> and the <b>effects may last 3 to 5 months. At this point repeat treatment will be necessary to soften the lines</b>			
You agree to follow up in <b>2 weeks as</b> is scheduled			
<b>Side effects:</b> Pain, soreness or bruising at the injection site; Misplaced injections may paralyse nearby muscles and excessive doses may paralyse muscles that are not near the injection site; Fever Flu-like symptoms; Difficulty or pain when swallowing; Rash or itching; eyelid tissues bruising; drooping of the upper eyelid ; Sensitivity of eyes to light; eye irritation; Rarely allergic reaction.			
<b><u>IMPORTANT:</u></b>			
<b>With botulinum toxin type A injection</b>			
<b><u>YOU SHOULD NOT</u></b>			
<ul style="list-style-type: none"> <li>• Message or manipulate the treated sites for 4 hours</li> <li>• Lie down or bend forward for 4 hours</li> <li>• Undergo vigorous exercise for 4 hours</li> <li>• Make sure you resume your normal activities gradually</li> </ul>			
<b><u>YOU SHOULD</u> Exercise your facial muscle for 4 hours</b>			
<b>IS THERE ANYTHING ELSE ABOUT YOUR HEALTH or ADDITIONAL INFORMATION THAT YOU THINK THE DOCTOR SHOULD KNOW ABOUT?</b>			

- I hereby certify that I have been fully informed of the nature and purpose of the procedure, expected outcome and possible complications.
- I understand that there can be no guarantee or assurance as to the final result that may be obtained.
- I consent to the taking of photographs and authorise their anonymous use for the purpose of medical audit, education and promotion.
- I am aware that my condition is primarily of cosmetic concern and that the decision to proceed is based solely on my express wish to do so.
- I have been given the opportunity to ask questions and hereby certify that I have read and fully understand the contents of this consent form.
- I give my informed consent for injections today as well as future treatments as needed.

Your name signature:	Your signature:
	Date:
Doctors name:	Doctors signature:
	Date:

Product	Batch Number:	Diluent and volume:	Area injected:	Comments:
Botulinum Toxin Type A Injection:				
Dermal filler:				



**COMMENTS**