



TOX

Consent Form

CLIENT INFORMATION

Full Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Address: _____

MEDICAL INFORMATION

Are you allergic to any medications? Yes No
If yes, please specify: _____

Are you currently taking any medications (oral or topical), supplements, or over-the-counter drugs?
 Yes No
If yes, please list: _____

Do you have any neurological conditions (e.g., myasthenia gravis, ALS, Lambert-Eaton syndrome)?
 Yes No
If yes, please explain: _____

Are you pregnant, nursing, or trying to become pregnant? Yes No

Have you had any previous Botox treatments? Yes No
If yes, when was your last treatment? _____

Do you have any medical conditions that might affect your Botox treatment (e.g., bleeding disorders, skin infections, etc.)? Yes No
If yes, please explain: _____

Do you take blood-thinning medications (e.g., aspirin, warfarin, etc.)? Yes No

TREATMENT INFORMATION

Procedure Description:

Botox is injected into specific facial muscles to reduce the appearance of fine lines and wrinkles by temporarily relaxing these muscles. The results typically last 3–6 months.



CONTOUR

by Joplin ENT

Expected Outcomes:

The goal of Botox treatment is to achieve a smoother and more youthful appearance. However, the exact results may vary depending on factors such as muscle strength and individual response to the treatment.

Possible Side Effects:

I understand that Botox injections may cause side effects, including but not limited to:

- Mild swelling, redness, or bruising at the injection site
- Headache or flu-like symptoms
- Temporary drooping of the eyelids or eyebrows
- Dry eyes, tearing, or drooling
- Asymmetry or uneven results
- Rare risks such as infection or allergic reaction

Contraindications:

Botox is not recommended for individuals who:

- Are allergic to botulinum toxin or its components
- Have an active skin infection at the treatment site
- Have certain neurological conditions

CLIENT ACKNOWLEDGMENTS

No Guarantees:

I understand that while Botox can reduce the appearance of wrinkles, results are not guaranteed and may vary. I also understand that additional treatments may be necessary to achieve the desired results.

Post-Treatment Care:

I agree to follow the post-treatment instructions, which may include:

- Avoiding lying down for 4 hours after treatment
- Avoiding strenuous exercise, alcohol, or massaging the treated area for 24 hours
- Understanding that results will take 3–14 days to appear fully

Understanding of Procedure:

I have been informed of the nature of Botox injections, including the procedure, risks, benefits, and alternatives. I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.

Disclosure of Medical History:

I confirm that I have provided accurate and complete information about my medical history, current medications, and allergies, and I understand that withholding information may increase the risks of treatment.



Pregnancy/Nursing Statement:

I confirm that I am not currently pregnant, nursing, or trying to become pregnant. I understand that Botox is not recommended for pregnant or breastfeeding women.

PHOTO CONSENT

I consent to have photos taken for the following purposes:

- Personal records
- Educational purposes
- Marketing and social media (identity will be kept confidential)

CONSENT TO TREATMENT

By signing below, I acknowledge that I have read and understood the content of this consent form. I voluntarily agree to proceed with the Botox treatment, knowing the risks and possible side effects. I also understand that I am responsible for adhering to the post-treatment care instructions.

Signature:

Date:

Provider Signature:

Date: