



JOHNSONS
Family Medicine

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BOTOX

Client Intake Form

Name: _____ Date: _____

Date Of Birth: _____ Female Male NB

Address: _____

Phone No.: _____ Email: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone No.: _____

Would you like to join our E-mail list for special offers? We don't spam. Yes No

MEDICAL HISTORY

If you have or had any of the following conditions, please check the box:

- | | | |
|-------------------------------------------------|--------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Currently Breastfeeding | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lower Blood Pressure |
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Auto-immune Disease | <input type="checkbox"/> Artheritis |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other: |

Have you ever had botox treatment before? No Yes

Do you have any known allergies? No Yes

Any recent surgeries? No Yes

Are you currently pregnant or breastfeeding? No Yes

Do you wear contact lenses? No Yes

List any medications you use regularly: _____

By signing below, you agree:

I have completed the form truthfully and to the best of my knowledge. I agree to inform my health care provider of any changes in the above information.

Client Name

Client Signature

Date

Client Consent Form

TREATMENT

Botox, also known as Botulinum Toxin, is an injectable treatment used to reduce wrinkles and fine lines on your face. It is derived from a natural protein produced by the bacterium *Clostridium botulinum*. When administered, Botox temporarily relaxes the muscles in the treated area, resulting in a smoother and more youthful appearance.

Common areas where Botox is applied include the forehead lines, frown lines between the eyebrows, crow's feet around the eyes, and a brow lift. The Botox treatment can effectively reduce wrinkles and fine lines caused by repetitive muscle movements, giving your skin a smoother and more youthful look.

RISKS AND COMPLICATIONS

While Botox is generally considered safe and effective when administered by a trained and experienced healthcare professional, it is important to be aware of potential risks and complications associated with the treatment. Before proceeding with Botox treatment, it is essential that you understand and acknowledge the following:

- **Temporary Side Effects:** Following Botox injections, it is common to experience certain temporary side effects, which may include redness, swelling, bruising, tenderness, and mild pain at the injection site. These effects are usually mild and typically resolve on their own within a few days or weeks.
- **Allergic Reactions:** Although rare, there is a possibility of developing an allergic reaction to Botox. Symptoms of an allergic reaction may include itching, rash, hives, swelling, dizziness, or difficulty breathing. If you experience any of these symptoms, it is crucial to seek immediate medical attention.
- **Eyelid Drooping:** In some cases, Botox injections near the eyes or eyebrows may cause temporary drooping of the eyelids. This condition, known as ptosis, may affect your vision or cause an asymmetrical appearance. The risk of eyelid drooping is typically low when administered by a skilled practitioner, but it is important to be aware of this potential complication.
- **Headache or Flu-like Symptoms:** Following Botox treatment, you may experience a headache or flu-like symptoms, such as fatigue, muscle aches, or fever. These symptoms are usually mild and resolve within a few days.

RESULTS

It's crucial to understand that the results of the treatment can vary from person to person. While Botox is known for its ability to reduce wrinkles and lines, the extent of improvement and how long the results last can differ for each individual. Some people may experience a significant reduction in the appearance of wrinkles, resulting in a smoother and more youthful look, while others may notice more subtle changes. The duration of results typically ranges from a few months, after which the effects gradually diminish. It's important to have realistic expectations and understand that the outcome of your Botox treatment cannot be guaranteed.

By signing below, you agree:

I have read and agree to receive the treatments or series of treatments listed above and I fully understand the risks and side effects associated with the treatment. I agree to waive all liabilities toward my health care provider and the employer for any injury or damages incurred due to misrepresentation due to my health history.

Client Name

Client Signature

Date

Health Care Provider

Health Care Provider

Date

BOTOX

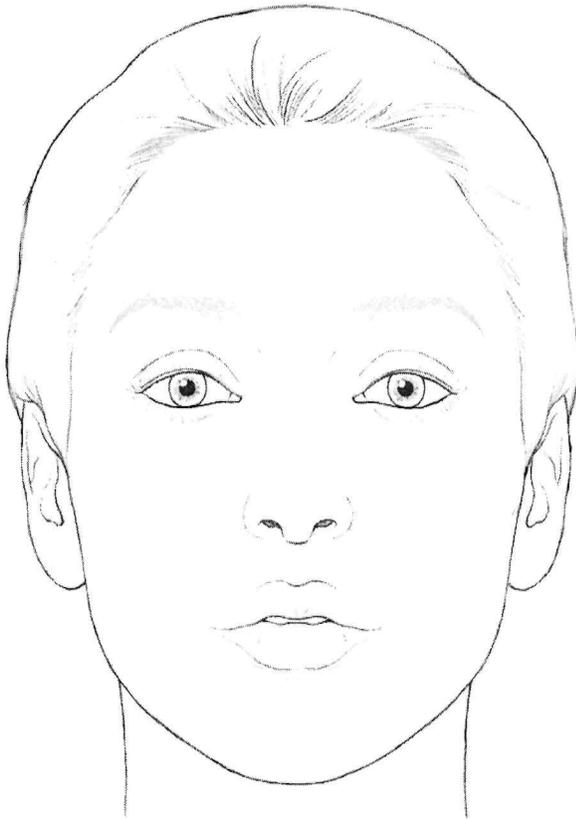
Treatment Record

Name: _____ Date: _____

Date Of Birth: _____ Female Male NB

Address: _____

Phone No.: _____ Email: _____



Treatment Date: _____

Units Used: _____ Lot#: _____

Treatment Areas: _____

Treatment Date: _____

Units Used: _____ Lot#: _____

Treatment Areas: _____

Treatment Date: _____

Units Used: _____ Lot#: _____

Treatment Areas: _____

NOTES

Treatment Date: _____

Units Used: _____ Lot#: _____

Treatment Areas: _____

BOTOX

Photo & Video Release Form

I, _____, hereby grant and authorize Johnsons Family Medicine the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures, videos and /or audio taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, press kits, websites, social media sites and other print and digital communications, without payment or any other consideration.

This authorization shall continue indefinitely and extends to all languages, media, formats and markets now known or later discovered.

I waive any rights to royalties or other compensation arising or related to the use of the photograph or recording.

I understand and agree that these materials shall become the property of Johnsons Family Medicine and will not be returned.

I hereby hold Johnsons Family Medicine harmless and release from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

By signing below, you agree:

I've read and fully understand the above model release agreement and agree to the terms and conditions set forth therein.

Client Name

Client Signature

Date