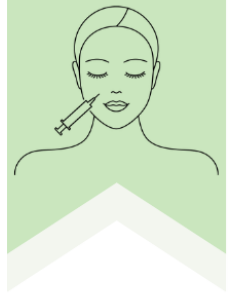




# Client Intake

## BOTULINUM TOXIN



### CLIENT INFORMATION

|                   |            |          |
|-------------------|------------|----------|
| Name              |            | D.O.B.   |
| Address           |            |          |
| City              | State      | Zip Code |
| Phone             | Occupation |          |
| Email             |            |          |
| Emergency Contact |            | Phone    |
| Primary Physician |            | Phone    |

Any past cosmetic treatments? (Including Botox, Fillers, Cosmetic Procedures, Plastic Surgery or Reconstruction)

☐ Yes

☐ No

Details

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Are you currently taking any medications, (including vitamins and supplements) orally, topically or transdermally?

☐ Yes

☐ No

Details

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Do you have any allergies?

☐ Yes

☐ No

Details

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Are you taking blood thinners (inc. herbal treatments)?

☐ Yes

☐ No

Are you pregnant or lactating?

☐ Yes

☐ No

Are you trying to become pregnant?

☐ Yes

☐ No

### WHAT AREAS WOULD YOU LIKE TREATED?

Please check all that apply

- ☐ Frown Lines
- ☐ Crows Feet
- ☐ Eyebrow Lift
- ☐ Forehead Lines

**MEDICAL HISTORY**

Please check all that apply

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS) | <input type="checkbox"/> Eye Disease                           | <input type="checkbox"/> Multiple Sclerosis             |
| <input type="checkbox"/> Anaphylaxis                         | <input type="checkbox"/> Hepatitis                             | <input type="checkbox"/> Myasthenia Gravis              |
| <input type="checkbox"/> Arthritis                           | <input type="checkbox"/> Herpes Simplex                        | <input type="checkbox"/> Neurological Disorders         |
| <input type="checkbox"/> Autoimmune Disease                  | <input type="checkbox"/> High Blood Pressure                   | <input type="checkbox"/> Parkinsons Disease             |
| <input type="checkbox"/> Any active infection                | <input type="checkbox"/> HIV                                   | <input type="checkbox"/> Porphyria                      |
| <input type="checkbox"/> Beef/Dairy Allergy                  | <input type="checkbox"/> Hormone Imbalance                     | <input type="checkbox"/> Seizure Disorder               |
| <input type="checkbox"/> Cancer                              | <input type="checkbox"/> Hypersensitivity to Medications/Latex | <input type="checkbox"/> Sensivity/Allergy to Lidocaine |
| <input type="checkbox"/> Cardiac/Vascular Issues             | <input type="checkbox"/> Keloid Scarring                       | <input type="checkbox"/> Skin Disease/ Skin Lesions     |
| <input type="checkbox"/> Cold Sores/Fever Blisters           | <input type="checkbox"/> Lambert-Eaton Syndrome                | <input type="checkbox"/> Thyroid Imbalance              |
| <input type="checkbox"/> Diabetes                            | <input type="checkbox"/> Low Blood Pressure                    | <input type="checkbox"/> Other                          |
| <input type="checkbox"/> Epilepsy                            | <input type="checkbox"/> Lupus                                 | _____   |

Details for any of the above \_\_\_\_\_

Do you suffer from any condition not listed above?

☐ Yes☐ No

Details \_\_\_\_\_

Would you like to be added to our email list for future specials and discounts?

☐ Yes☐ No

This form is completely confidential. By signing below, I agree to the following:

The information I have provided regarding my Medical History is accurate to the best of my knowledge.

I understand the information given pertaining to the requested treatment/s and confirm that I do not have any condition/s that would make the treatment/s unsuitable.

I agree to inform my Technician if I experience any discomfort during the procedure, so they may adjust accordingly.

I agree to waive all liability towards my Technician and Lotus Center of Health for any injury or damages incurred due to my failure to disclose any existing or past health conditions.

Date: 

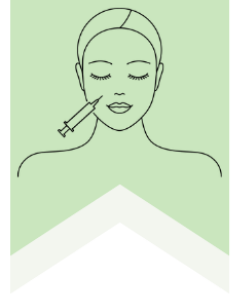
Client Signature

Technician Signature



# Client Consent Form

## BOTULINUM TOXIN



Botulinum A Toxin (Botox®, Dysport®, Xeomin® and Jeuveau®) injections are most commonly used to temporarily relax the facial muscles that cause wrinkles in the forehead and around the eyes. The injected muscle can't contract which makes wrinkles relax and soften. Botox® cannot stop the process of aging, but it can temporarily diminish the look of wrinkles caused by muscle groups.

Please read and initial the following:

☐ I confirm I have not received any other botulinum toxin product within the last 4 months.

☐ I understand that the results are temporary and the duration of effect generally lasts for approximately three to four months. Continuing treatments are necessary in order to maintain the effect over time.

☐ I understand that it generally takes 7 to 14 days to take effect. As muscle action slowly returns, the lines and wrinkles begin to reappear and need to be treated again.

☐ The information I have provided about my medical history is accurate to the best of my knowledge, including all known allergies and/or prescription drugs/products I am currently ingesting or using topically.

☐ I understand how important it is that I follow all post-treatment home care instructions. In the event I may have additional questions or concerns regarding my treatment or post-treatment care, I will consult Lotus Center of Health immediately.

☐ I understand I may have some temporary side effects after the Botox injections. These include but are not limited to: mild pain and swelling around the injection sites, bruising, eyelid drooping, headache, nausea, facial asymmetry, blurred or double vision, crooked smile, eye dryness or severe tearing, numbness and weakness in nearby muscles.

I hereby give my informed consent to proceed with Botox® injections. I have read and fully understand this agreement and all information detailed above.

I understand the procedure being performed today and accept all possible risks. I have had all contraindications and possible side effects of Botox explained to me and my questions have been answered to my satisfaction.

I do not hold Lotus Center of Health or the Technician performing the procedure responsible for any liability associated with this procedure. I consent to the terms of this agreement.

I confirm that I am at least 18 years of age and by signing this Consent Form, I agree to waive all liability towards my Technician and Lotus Center of Health for any injury or damages incurred due to any misrepresentation of my medical history.

\_\_\_\_\_  
**NAME PRINTED**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



# Photo & Video

## RELEASE FORM



I hereby give consent and grant permission for Lotus Center of Health to use specified photographs and/or video taken before, during and after the treatment/procedure I have requested today. I understand that my identity will be protected and neither my full face, nor my name will be used in conjunction with the photographs and/or video.

I hereby waive any right to inspect or approve the finished photographs and/or video and agree that they may be used by Lotus Center of Health in their marketing, social media, advertising, any printed and digital media and on their website.

Additionally, I waive my right to payment, royalties or any other compensation that may arise from the use of these photographs and/or video.

I confirm that I am at least 18 years of age and by signing this form, I acknowledge that I have completely read and understood the above release and agree to be bound thereby.

Permissions granted for the following Photographs/Videos/Audio as listed below:

| PICTURE/VIDEO/AUDIO DESCRIPTION | DATE TAKEN |
|---------------------------------|------------|
|                                 |            |
|                                 |            |
|                                 |            |
|                                 |            |
|                                 |            |

By signing below, I knowingly and willingly consent to release Lotus Center of Health and anyone authorized by this business all personal rights and objections I have or may have

\_\_\_\_\_  
**NAME PRINTED**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



# Cancellation Policy



At Lotus Center of Health, your appointments are very important to us and we understand that sometimes appointments need to be re-scheduled or canceled. Because most of our services require preparation time to properly prepare a room for your treatment, we have Cancellation Policies in place. In order to provide you and others with excellent customer service and access to appointments during peak times, we kindly ask for the following considerations:

## **CANCELLATION POLICY & FEES**

- We respectfully request at least 24 hours notice to cancel or reschedule your appointment.
- All "NO SHOWS" will be charged \$100 no show fee which must be paid before any future appointment's.

This cancellation policy allows us time to inform our standby guests of any availability. Without sufficient notice, we end up turning away other clientele who could have scheduled an appointment for the same time.

## **ARRIVAL TIME**

Please arrive for your appointment 15 minutes before your scheduled appointment time. This allows for extra time to attend to your paperwork etc. Arriving early will not guarantee your service will start before your scheduled appointment time.

## **LATE ARRIVALS**

We understand that sometimes things happen outside of your control to make you late for your appointment. We will do everything we can to accommodate you, but unfortunately it will limit the time allocated for your treatment or we may need to reschedule your appointment.

Please let us know as soon as possible if you are running late so we can best accommodate everyone. Repeated late arrivals may be subject to a \$100 fee.

Thank you for viewing and supporting our policies criteria.

I have read and understand the Cancellation Policies listed above and agree to abide by the above conditions.

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**NAME PRINTED**

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**SIGNATURE**

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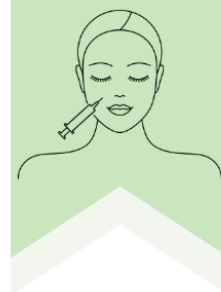
**DATE**





# Precare & Aftercare

## BOTULINUM TOXIN



Botulinum Toxin (commonly known as Botox®, Dysport®, Xeomin® and Jeuveau®) is made from the bacteria that causes botulism. Botulinum Toxin works to block nerve activity in the muscles and is commonly used to treat wrinkles and facial creases, by blocking signals from the nerves to the muscles. The injected muscle can't contract, which makes wrinkles relax and soften. Botox® starts to take effect in about 3 days, with full effect happening about 2 weeks after Botox® injections. The effects of a Botox® injection are temporary, usually lasting 3 - 6 months.

### PRE-CARE

- **Avoid blood thinning medication.** Avoid aspirin, ibuprofen (generic, Advil®, Aleve® or Motrin®), Vitamin E and fish oil or omega-3s, one week prior to treatment to prevent bruising.
- **Don't skip breakfast.** On the morning of treatment, consume a small meal and drink, as this will decrease the chances of becoming lightheaded during your treatment.
- **Do NOT consume alcoholic beverages** at least 24 hours prior to treatment (alcohol may thin the blood and increase the risk of bruising)
- **Discontinue Retin-A** 2 days before and 2 days after treatment.
- **Reschedule your appointment** at least 24 hours in advance if you have a **rash, cold sore or blemish** on the area.
- **Avoid sun exposure prior to treatment.** Sunburned skin is difficult to treat.
- **Timing is everything.** It is best to schedule Botox®, Dysport® and dermal filler treatments at least two weeks before a big event. Results from Botox® injections will take approximately 4 to 7 days to appear and bruising and swelling may be apparent in that time period.
- **No bleaching, waxing, tweezing or use of hair removal creams** to be used on the areas to be treated.

### AFTER-CARE

- **Wait at least a day** before getting any facial treatments or resuming your normal skincare routine. This allows the body time to adjust to the medical aesthetics treatment.
- **Sit up.** Don't lie down for at least 3 hours after receiving Botox®. This is to avoid the risk of pressure on the treated areas or having the area rubbed accidentally.
- **Avoid painkillers.** Painkillers should be used sparingly for headaches or facial pain. Strong painkillers such as Aspirin and ibuprofen should be avoided.
- **You should avoid any exercise** for at least 3 hours after treatment.
- **Don't go into any saunas, hot tubs, or tanning booths** for at least 4 hours. This helps to prevent bruising, because heat can raise your blood pressure.
- **Try frowning and raising your eyebrows** about an hour after your treatment. These facial exercises aren't necessary, but they may lead to better results.
- **Come back for touch-ups.** Schedule a follow-up appointment for two weeks after the first Botox® treatment if you feel more Botox® is needed.

**You would not be considered a candidate for Botox® if you are pregnant, breastfeeding, have a neurological disease, suffer from Myasthenia Gravis, an allergy to Botulinum Toxin or allergy to human albumin.**