

Information and consent form for Botulinum A Toxin (Botox)

Important background to the consent process

Your doctor wishes to help you make an informed decision about your treatment options and any relevant alternative options. You may at any time decline treatment even after giving your consent.

Whilst your doctor will make every effort to understand what significance you would attach to any particular risk it is important to us that you feel comfortable enough to question the clinician on any point of concern during this process. Please feel you have as much time as you wish to reflect on the information given before agreeing to proceed with the treatment.

Purpose of treatment

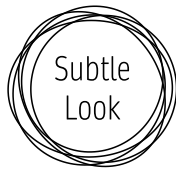
You have presented with concerns which have formed the basis of a clinical discussion and examination. The purpose of the proposed treatment is to address your concerns either individually or in combination with other modalities of treatment.

Outcomes

Your doctor will endeavour in good faith to employ the principles of best practice in delivering your treatment. Each patient is individual and response to treatment will vary from patient to patient and treatment to treatment. As such it is difficult to guarantee outcomes will always meet your expectations.

Background information

Botox is a purified protein of the toxin normally produced by *Clostridium botulinum*. Wrinkles and fine lines develop over time by the repeated contraction of facial muscles. By injecting Botox precisely in these specific muscles, the nerve impulse traveling to the muscle is blocked. This blockage prevents contraction, therefore relaxing the muscles. Typically, you will see an improvement in the appearance of those fine lines and wrinkles within 1 week following treatment, the maximum effect being observed 5 to 6 weeks after injection. The treatment effect can be seen for up to 4 months after injection. Your clinician will be available to review your treatment to ensure that optimum results have been achieved.



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Commonly Experienced Adverse Events

Redness or bruising at the injection site
Headache
Ptosis- Drooping of the eyelid
Localised muscle weakness
Facial Pain
Skin Tightness (when treating sites additional to the forehead)

Less common risks

Muscular motor dysfunction
Infection
Numbness/Dizziness
Disturbances of the eye
Swelling
Nausea
Muscle twitching
Fever/Flu manifestations
Pain/Bleeding/Numbness/Tingling at injection site
Eyebrow drooping
Breathing difficulties and death have been reported in patients that have received high doses in unusual (non-aesthetic) applications

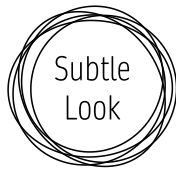
Important considerations

Every care is taken to deliver the products in a manner which will minimise risk, however you should be aware of the risks, as one may exist upon which you place particular significance.

Patients are advised to take in to account all these potential risks before consenting to treatment. Please make your doctor fully aware of your expectations prior to giving consent.

Safety Profile

Botox treatment for the conditions which have been discussed with your doctor today has been well studied over the last 40 years and no special hazard has been observed in humans except in high doses.



Contraindications and relative contraindications to treatment

Allergy to Botulinum Toxin Type A

Infection at site of injection

If you are pregnant, or breastfeeding

Have ever suffered from a disease which affects your muscles or nervous system, or have any other known muscular or neuromuscular issues

Inflammation in the muscle or skin to be injected

Any active disease of the cardiovascular system (please discuss with your doctor prior to commencing treatment)

Previous history of seizures

You plan to undergo an operation soon

Auto-immune disease or being under immunosuppressive therapy

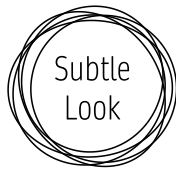
The doctor shall therefore decide on the indication on a case by case basis according to the nature of the disease and its treatment and the need for monitoring post-treatment. Your doctor will discuss the need for a preliminary skin testing for hypersensitivity if necessary, or in the case of patients with severe or multiple allergies.

Patients on coagulation medication or other substances known to increase coagulation time must be aware of the potential increased risk of bleeding and haematoma during and following treatment.

Your clinician will also discuss the suitability of treatment having considered your medical history and any medications you currently take, as appropriate. As such, it is imperative you disclose such medications at the time of your treatment.

Post treatment

Exercise should be avoided for 4 hours after treatment, and the area should not be massaged for three days. You should remain in an upright position for 4 hours following treatment to limit the spread of substance at the injection site. There is particular risk of eye lid or eyebrow complications should you have pressure on the area treated such as placing your face in the breathing hole on a physio or massage couch. This should be avoided for at least 2 weeks.



Consent Statement for Botulinum A Toxin (Botox)

Consent Confirmation

To help us assess that we have listened to, and responded to, your concerns and preferences and have given you sufficient information in the way that you want and can understand it would be helpful to confirm the following statements:

1. I can confirm that I understand the treatment proposed and any relevant alternatives and I am willing to proceed.
2. I have had sufficient time to appreciate the risks involved and in particular I can confirm the clinical team/clinician has worked with me to understand and discuss those risks to which I would attach particular significance.
3. I am of the opinion that my request for treatment is for medical reasons and/or the personal psychological features that are associated with my request. I have expressed my thoughts and feelings to the treating doctor and consent to the treatment for the purpose of restoring and maintaining my health and psychological wellbeing.
4. I have read this in conjunction with the information provided and I have had the potential risks and side effects associated with my treatment fully explained to me.
5. I acknowledge and understand that no guarantee or assurance can be made on the results I will get from the treatment.
6. I consent to the taking of photographs in the course of this procedure for the purpose of assessing my progress.
7. I am satisfied that I have sufficient knowledge of the treatment to give informed consent.

Patient has confirmed via E-Signature

I confirm that I have discussed the treatment plan with the above patient and undertake treatment with the purpose of restoring or maintaining health, including the psychological wellbeing of my patient. I also confirm that I accept duty of care for my patient and the standard of care as set out by the GMC in Good Medical Practice/NMC/IMC/IDC Guidelines. In doing so, I recognise my primary purpose and undertaking is to place the health and wellness of my patient as my first concern.

Clinician has confirmed via E-Signature