Timeless Beauty Services
Medical History

Name: _____ DOB: _____ Date: _____

Street: _____ City: _____ ST: _____ Zip: _____

Email Address: _____

Phone - Mobile:_____ Home:_____

Emergency Contact - Name: _____ Phone: _____

Confidential Information: Information contained herein will not be released without your consent

History:

Please circle each appropriate answer:

Neuro Muscular Disorders	Y / N	Psoriasis	Y / N
Laser Treatments	Y / N	Skin Cancer	Y / N
Facial Scars	Y / N	Radiation	Y / N
Multiple Sclerosis	Y / N	Eczema	Y / N
Stroke	Y / N	Asthma	Y / N
Pregnant	Y / N	Liver Disease	Y / N
Breastfeeding	Y / N	Kidney Disease	Y / N
Heart Attack	Y / N	Bleeding disorder	Y / N
Blood Transfusion	Y / N	Diabetes	Y / N
Cancer	Y / N	Hepatitis	Y / N
HIV/AIDS	Y / N	Thyroid disease	Y / N
High Blood Pressure	Y / N	Heart Disease	Y / N
Myasthenia Gravis	Y / N		

Provide explanation of any item marked YES: _____

_____

_____

_____

Daily Medications:

_____

_____

Occassional Medications:

_____

_____

Allergies:

_____

_____

INFORMED CONSENT

Botox (onabotulinum A)
Dysport (onabotulinum A)

I am giving consent to be injected with either Botox or Dysport in areas of the face, neck, and/or axilla. Botox and/or Dysport have FDA indications in the cosmetic treatment of glabella and/or lateral canthal lines for temporary wrinkle reduction. Both Botox and Dysport are prescription medications (botulinum toxin type A) that are used on and off label cosmetically in the reduction of wrinkles. Botox also has a FDA therapeutic indication for axillary hyperhidrosis

Although Botox and Dysport are botulinum toxin type A, they are not interchangeable and the dosages are not equivalent. I understand that some treatment sites or all of my treatment sites may be off label Botox and/or Dysport when injected into targeted muscle groups stop the release of acetylcholine therefore reducing muscle movement of the area and decreasing wrinkles caused by this movement. The immobilization of the muscles injected is temporary, lasting for approximately 3-4 months when injected cosmetically and 6-7 months when injected therapeutically for hyperhidrosis, Reinjection will be needed at that time to maintain or achieve satisfactory results. It has been explained to me that other temporary and more permanent results are available.

Botox and/or Dysport have possible side effects which include but are not limited to infection at the site of injection, red or pink bumps at the site of injection lasting hours or days, tension headache for one up to several days, pain at injection site, bruising, flu like symptoms, fever, nausea, respiratory compromise and depression, weakness or adjacent muscles, facial asymmetry, limb weakness, difficulty swallowing, difficulty articulating words, eyelid droop, brow droop, blurred vision, double vision, decreased eye sight, wheezing, loss of bladder control, corneal abrasion, dry eye syndrome, spread of toxin effects, soft tissue swelling, and allergic reactions. This is not an all-inclusive list of side effects. I understand that these symptoms have been reported within hours to weeks 3 after injection.

I am not pregnant or nursing. I am a minimum of 18 years old. I have not been diagnosed with any neuromuscular junction disorders or peripheral neuropathic diseases including but not limited to amyotrophic lateral sclerosis, myasthenia gravis, and Lambert-Eaton syndrome. These neuropathic disorders increase the risk for spread of toxin effect. I do not have a cow's milk protein allergy. I have been given the opportunity to have my questions answered after reading and acknowledging The Patient Medication Guide.

I understand that results vary depending on the strength of the muscle injected and surrounding muscles, the depth of the wrinkle, the quality of the skin, underlying tissue, elasticity, the amount of Botox and/or Dysport injected, and the time between treatments. I understand that there is no guarantee of treatment results and longevity. I understand that if a refinement treatment is needed, I will have treatment 10-16 days after initial treatment. Any additional units used will be charged at regular price per units that I receive.

I will relay to my provider any botulinum toxin products I have received in the last four months. I have not received any antibiotics by injection. I am not currently taking any muscle relaxants. I understand that vitamin E, aspirin, NSAIDS, ginkgo, fish oil, and alcohol consumption may have bruising effects post treatment.

I agree to abide by my providers post care instructions for best results. If I experience any loss of strength or general muscle weakness. I will contact my provider or the nearest emergency center.

By signing I acknowledge that I have read the foregoing informed consent and I agree to proceed with the above named procedure with it's associated risks. I hereby give my consent to perform this and subsequent Botox and/or Dysport treatments with the above understood, I release my provider (PA-C, APRN, RN, Timeless Beauty, Physician, the person injecting the Botox and/or Dysport) from liability associated with this procedure.

Patient Signature: _____ Witness: _____ Date: _____

Additional Treatments:

Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____

Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____

Initial: _____ Date: _____ Initial: _____ Date: _____ Initial: _____ Date: _____

INFORMED CONSENT

Juvederm Ultra XC, Juvederm Ultra Plus XC, Voluma XC, Juvederm Ultra, Juvederm Ultra Plus, Juvederm Volbella, Juvederm Vollure, Restylane-L, Restylane-Lyft, Restylane-Silk, Restylane-Refyne, Restylane-Defyne, Perlane, Belotero (Hyaluronic Acid Gel)

Hyaluronic gel is a colorless gel implant that consists of crossed linked hyaluronic acid (HA) produced by Streptococcus equi bacteria. Concentrations and molecular weight of HA vary between products. HA (above mentioned) has FDA approved indications that vary between products that are inclusive of injection into the mid to deep dermis, subcutaneous, and periosteal plane. Approved injection sites are nasolabial folds, oral commissures, chin lines, lips, lip lines, marionette lines, and cheek augmentation. Off label sites where HA can be injected include temples, tear troughs, nose, brows, ears, hands, and facial scars. Hyaluronic acid is used cosmetically to add volume, fill in wrinkles, lift, and contour. Lidocaine mayor may not be compounded in the HA product being injected. I affirm I am not allergic to lidocaine.

Any transcutaneous procedure carries the risk of infection. Standard protocol will be used to ensure aseptic technique and procedure. These products are sterile packaged for single patient, single session injection. No part of the product will be saved for later date. If any chemical peel, laser treatment or other procedure based on active dermal response is considered after treatment, there is a possible risk of inducing an inflammatory reaction at the implant site. Inflammatory reaction can also occur if the product is injected before the skin has completely healed after any such procedure.

I affirm that I am not pregnant, trying to become pregnant, or breastfeeding. I am of 18 years of age. I am not on any immunosuppressive therapy and have not had any active infection in the area where I will be injected. I will tell my provider if I am herpes simplex type 1 positive and if I have a history of keloid scarring. I am aware that aspirin, non-steroidal anti-inflammatories, anti-coagulants, vitamin E, fish oil, and gingko within 7-10 days of an injection contribute to bruising, in addition to alcohol consumption within 48 hours. Bruising prolongs the recovery period post injection. The most common side effects of dermal filler injections include tenderness, redness, swelling, firmness, lumps/bumps, discoloration, and bruising. Other adverse reactions reported post market can include but are not limited to inflammation, migration, allergic reaction, blister, infection, nodules, skin rash, bleeding, necrosis at the injection site, abscess, headache, itching, herpes simplex, angioedema, dermatitis, flu like symptoms, scar, blanching, vision changes, induration, erythema, pain, and blindness.

Other options for reducing wrinkles or adding volume may include home care products, chemical peels, laser treatments, and/or surgery. I am aware that every presentation requires a unique combination of product, amount of product, placement, and other contributing factors to meet desirable outcome. The amount of correction is based on the size of the deficit and the amount of the product injected. Products may last from up to 6 months to 2 years. I realize this is in no certain term a guarantee of the longevity of the product or my satisfaction with the procedure. No refunds will be given for treatments received. I will make every effort to return in 2 weeks for a follow up if recommended. Over time, the natural metabolic process will disintegrate the HA.

It is recommended to avoid strenuous exercise, sun, heat and alcoholic beverages for 24 hours. Exposure to the above will increase recovery times resulting in extended redness, bruising, swelling, and/or itching.

By signing I acknowledge that I have read the foregoing informed consent and I agree to proceed with the above named procedure and it's associated risks. I release the provider, the person injecting the HA, and the facility from liability with this procedure. I hereby give my consent to perform this and subsequent hyaluronic acid procedures.

Patient Signature: _____ Witness: _____ Date: _____

INFORMED CONSENT

Sculptra

Injectable poly-L-lactic acid

Sculptra is a sterile suspension of Poly-L-Lactic acid, which is a biocompatible (does not harm the body), synthetic polymer from the alpha-hydroxy acid family (fruit acids). Poly-L-Lactic acid has been used medically for many years in dissolvable stitches, and does not require pre-treatment skin testing for allergies.

Sculptra requires the injection into the skin and underlying tissues of Poly-L-Lactic acid. Sculptra is designed to help correct skin depression, such as creases, wrinkles, folds, scars, hollow eye rings, skin aging, and facial lipo-atrophy (loss of fat).

Sculptra has been used since 1999 in more that 150,000 patients in more than 30 countries primarily for cosmetic use. In Canada, Sculptra has recently been approved for aesthetic medicine and reconstructive use.

You have been informed that depending on the area and condition treated, the volume of Sculptra used in the injection, the effect of a treatment with Sculptra may last from 1 to 2 years, but that in some cases the duration of the effect can be shorter or longer. Many areas of treatment will require multiple session, usually 3 sessions at a minimal of 4 week intervals, for optimal correction. Because individual response to Sculptra may vary, the exact number of treatment sessions required cannot be predicted with complete accuracy. Additionally, in order to maintain the desired degree of correction, intermittent "touch-up" treatments may be needed.

Risks and Discomforts

You have been informed on some of the features, benefits, and possible risks involved with Sculptra and have had your questions answered to you satisfaction. Some of the possible risks include.

- After the injection(s) some common injection related reactions probably will occur, these may include swelling, redness, pain, itching, discoloration and tenderness at the injection site. These typically resolve spontaneously, usually within 1 to 15 days after injection.
- Because Sculptra is injected in a solution containing water, there will be an initial swelling (edema) that will be noticeable for at least several hours and perhaps as long as several days. This effect is temporary, and does not affect the long-term tissue response.
- Induration, or a feeling of fullness or thickness, can be felt in the injection areas. This is a normal response of the treated tissue to the process of inflammation and new collagen formation. Simply massaging the treated areas gently 5 times per day for 5 minutes after the injection can help minimize induration.
- One possible delayed side effect are small bumps under the skin, termed micro-nodules, which may be non-visible or visible and may be felt in the areas of treatment. Usually, these bumps may only be felt when pressing on the skin. Micro-nodules tend to happen within the first 6 to 12 months after the treatment. They usually do not require treatment, and usually do not have any symptoms.
- Visible bumps may occur in rare instances, and they may be associated with redness, tenderness, skin discoloration or textural alteration. These bumps, which may be termed granuloma, may or may not require treatment, including, but not limited to, injection, freezing or excision.
- Other rarely reported adverse events include: injection site abscess, allergic reaction, skin hypertrophy (exaggerated reduction of collagen and tissue elasticity) and/or atrophy (reduction of collagen and tissue elasticity), malaise, fatigue and swelling (edema).
- The use of anti-inflammatory drugs, anti-clotting agents, or aspirin might cause bleeding or increased bruising at the injection site.

- Any injection, for any reason, carries a small risk of infection. If the needle accidentally punctures a blood vessel, this may result in temporary discoloration of the treated area, scabbing, shedding and shallow scarring.
- Allergic reaction can manifest itself by prolonged redness, itching, swelling or a hardening of the skin around the injection site. The reaction can last for as long as 3 to 4 months and in rare cases, more than a year. Please make sure you inform your physician of all known allergies and sensitivities.

It is important that you tell your provider about any health problems, medications and physician visits you have had in the past few months or at the present time. If you have previously been diagnosed with facial herpes simplex please inform your provider.

In the event that you experience any adverse reaction(s) to the Poly-L-Lactic Acid (Sculptra), you should immediately contact your provider or physician.

You give your permission for photographs of your face before treatment with Sculptra, upon the first treatment and at other session visits for diagnostic purposes and for documenting your response to Sculptra.

You acknowledge that these photographs are the property of your Practitioner and give your permission to use these photographs in scientific publications, for teaching/education purposes, in publications, books and journals. It is understood that for any such use, you will not be identifiable, and that appropriate measures will be taken to protect your identity. You understand that you will not receive any compensation for any use of the photographs.

If you have any further questions about Sculptra or did not understand any of the technical language, you should ask your provider before you sign this Informed Consent Form. If you would like more time to think about your decision to undergo treatment, you should not sign this informed Consent Form and tell your provider.

By signing the informed Consent Form, you are agreeing to receive Sculptra. This informed Consent Form has two (2) pages and by signing, you are indicating that you have read all these pages.

Patient Signature: _____ Witness: _____ Date: _____

PHOTO USE RELEASE FORM

I, _____, hereby grant and authorize Timeless Health and Beauty Services the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to newsletters, flyers, posters, brochures, advertisements, fundraising letters, communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Timeless Health and Beauty Services and will not be returned.

I herby hold harmless, and release Timeless Health and Beauty Services from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I warrant that I am age of consent (18 years or older) and that I am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

_____ _____

Signature Date