

## Patient Information & Medical History

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature

Date

### Personal Medical History and Health

Do you have or have had any of these in the past year?

- Pneumonia
- Rheumatic Fever
- Heart disease
- Arthritis or Rheumatism
- Gonorrhea or Syphilis
- Anemia
- Jaundice
- Epilepsy/Convulsions
- Tuberculosis
- Diabetes
- Cancer
- High Blood Pressure
- Liver Disease
- Thyroid Disease
- Anxiety Disorder
- Glaucoma
- None

Any other medical condition

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Menstrual Cycle (LMP): \_\_\_\_\_

I certify that preceding medical and personal statements are true and correct. I am aware that it is my responsibility to inform the doctor of my current medical and to update this history. A current medical history is essential for the caregiver to execute appropriate treatment procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

ID photo taken:

VN:

**Office Policy (Please initial each point acknowledging you understand that:**

\_\_\_\_\_ If you miss your appointment, you may be subject to a \$25 fee unless you call 24 hours in advance.

\_\_\_\_\_ Services must be paid for at the time of service.

\_\_\_\_\_ Health insurance typically does not cover services provided. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

\_\_\_\_\_ Phentermine and Vyvanse are considered a controlled substance. I agree that I will take my medications as prescribed. I agree to follow my medical providers instructions. I also agree that I will not sell or share my prescriptions to other individuals. I understand that practice is not responsible for lost script.

\_\_\_\_\_ I understand that treatments used might not be considered a medical necessity. Treatments rendered are for the purpose of improving your quality of life through hormone restoration, nutritional and supplemental counseling, and weight loss treatment.

\_\_\_\_\_ I agree that if I am having any side effects or become sick, that I will follow up with my primary care provider or go to an urgent care or emergency department. I acknowledge that Dr Motamedy is not my primary care provider. I agree that I will continue with routine care through my primary care provider and notify them of treatments prescribed.

\_\_\_\_\_ I understand that there are no refunds on shot packages purchased, services or products rendered. We cannot accept back used medications/ products once they have been dispensed per state regulation.

\_\_\_\_\_ I understand that having an appointment with us does not necessarily entitle me to being issued a prescription for hormone replacement, weight loss medication or additional medications. Every individual is different, and it is at the medical providers discretion to issue a prescription.

\_\_\_\_\_ I acknowledge that I have been advised of the risks and benefits of treatment. I also acknowledge that I have been advised of possible complications and side effects. I understand the risks, benefits, complications, and side effects of treatment.

\_\_\_\_\_ I am voluntarily requesting treatment with River Oaks/ Bellaire Beauty and Weight loss Center in regards to weight loss therapy as determined by a mutual decision between myself and the medical provider even if my hormone levels are considered to be in normal range for my age based off of other medical society recommendations and guidelines or if I am just considered overweight and not obese.

**I have read, understand, and agree to all the above statements.**

Print Name: \_\_\_\_\_ Patient Signature ----- Date-----

## Consent for Botulinum Toxin A (Botox/Dysport/Xeomin/Newtox) Injection Therapy

I have requested that Dr. Motamedy attempt to improve my facial expression line with Neurotoxin A.

This treatment involves injecting 12-21 sites of the facial muscles with Neurotoxin A. This toxin temporarily weakens the facial muscles to give the skin a smoother and more rested appearance. Although the results are usually dramatic. I have been informed that this practice is not an exact science and that no guarantee can be or have been made concerning expected results in my case.

I have been given and reviewed the informative hand-out, "Botox/Dysport/Xeomin/Newtox- The Cosmetic Denervation of Frown, Forehead and Eye Expression Lines". I understand the benefits develop over 12 to 7 days and can last 6 weeks to 6 month based on individual variability. I also understand that a small percentage of people are minimally responsive to the treatment. In some cases, the "response" lessens with repeated treatments due to antibody formation against the toxin.

Side effects and potential complications have been reviewed with me and can include slight swelling, bruising, eyelid or brow droopiness, asymmetry of the lower face, or skin rash (In the event of an allergic reaction). Rarely, an adjacent muscle may be weakened for several weeks after an injection. Temporary double vision extremely rare, but has been reported (particularly when used by ophthalmologists to treat spastic eyelid muscles or blepharospasm). These effects, along with natural muscle activity, will recover over many weeks to months. I have been advised to the post treatment instruction and understand these should be followed to minimize risk of complications. These include instructions to avoid lying down for approximately 4 hours, to avoid "rubbing" the injection sites, and to periodically contract the muscles involved (enhances Botox uptake at the muscle sites).

I have been advised of the risk involved, the expected benefits, and alternative treatments, including no treatment at all.

I agree that this constitutes full disclosure. I certify that I have read and fully understand the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

I here authorize Dr. Motamedy to perform the following procedure and/or treatment:

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## **Botox/Dysport/Xeomin/Newtox Cosmetic Post- Treatment Instructions**

### **The Following Measure Help Minimize Droopy Eyelids:**

- Do not Massage Treatment Area for 12 hours following Treatment.
- Do not Exercise Strenuously for 12 hours following Treatment.
- Do not lie down or bend-over/down for 4 hours following Treatment.
- Avoid Wearing a Hat or Headband for 12 Hours following Treatment.
- Avoid Washing Your Hair for 12 hours following Treatment.
- Do Perform Facial Exercise Intermittently for 30 minutes following Treatment.

Treatment Effect May Take 5 to 10 days.  
The Benefits May Last 2 to 6 Months.  
The Average is 3 Months.

Touch-Up (booster) Injection (s) may be necessary in 2 to 4 weeks. It is your responsibility to contact us within this time period if you feel you need a repeat touch up.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**INFORMED CONSENT BOTOX/DYSPOORT/XEOMIN/NEWTOX INJECTION**  
**(Botulinum Toxin Type A)**

**Anticipated Benefit**

Response usually is seen 2-10 days after injection. Typically, the muscle action (and wrinkles) will return in 2-5 months. At this point, a repeat treatment will relax the muscle and soften the lines again.

**Risk and Complications**

Possible side effects include: transient headache, swelling, bruising, pain during injection, twitching, itching, numbness, asymmetry (unevenness), temporary drooping of eyelids or eyebrow. These side effects are rare, but have been reported. In a very small number of individuals, the injection does not work as satisfactorily or for as long as usual. Know significant risks have been disclosed, yet the theoretical risk of unknown complications does not exist.

Bruising may occur after Injections. Substances that increase the risk of bruising include Vitamin E, Aspirin, Motrin and other non-steroidal anti-inflammatory drugs. I understand that if I have taken any of the above within the past 7 days, I have an increased risk of bruising. Bruising is also significant risk with use of blood thinning medication such as Coumadin. I understand that if I am taking a blood thinning medication, this treatment may result in significant bruising and may not be recommended.       **Initials:** \_\_\_\_\_

I understand that there may be a higher possibility of side effects if I do not follow certain instructions and will adhere to these instructions for at least 4 hours from the term of treatment. These includes:

- I will not lie down or bend forward for extended periods of time for at least 4 hours from the time of treatment
- I will not manipulate or massage the treated area for at least 4 hours after the treatment.

**Pregnancy & Neurological Disease**

I understand that there are certain conditions where Neurotoxin A is not recommended. These include:

- Neurological disease, such as myasthenia gravis
- Pregnancy or breastfeeding of time wit
- None of the conditions above apply to me.   **Initials:** \_\_\_\_\_

**Limitations and alternatives**

Botox/Dysport/Xeomin is best at treating dynamic facial line, those caused by facial muscle activity. Lines present at rest may or may not improve. A treatment may be effective for variable length of time with subsequent treatments, may not work as well or for as long as expected, or may not work at all. I have been informed or other alternatives which exist for the treatment of wrinkles, such as topical creams, chemical peels, laser treatments, surgical removal of the frown muscles, forehead/brow lift, facelift, collagen or hyaluronic acid treatments.

**Follow-up**

I agree to follow up in 1-2 weeks after my first treatment if asked to do so by my physician.

**Photographs**

I authorize taking of photographs as part of cosmetic procedure policy and promotional use.

I have read the above and understand it. My questions have been answered satisfactorily by the doctor and doctor's associates. I accept the risk and complications of the procedure.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## **INSTRUCTIONS**

This is an informed consent document which has been prepared to help your physician inform you concerning Botulinum Toxin Type A injection, its risks and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for this procedure as proposed by your physician.

## **INTRODUCTION**

Clostridia Botulinum bacteria produce a class of chemical compounds known as 'toxins'. The Botulinum Type A Toxin (BOTOX/DYSPORT/XEOMIN) is processed and purified to produce a sterile product suitable for specific therapeutic uses. Once the diluted toxin is injected, it produces a temporary paralysis (chemo denervation) of muscle by preventing transmission of nerve impulses to muscle. The duration of muscle paralysis generally lasts for approximately 2- 6 months. Continuing treatment are necessary in order to maintain the effect of treatment over time.

BOTOX/DYSPORT/XEOMIN has been approved to treat certain conditions involving crossed eyes (strabismus), eyelid spasm (blepharospasm), cervical dystonia (spastic muscle disorder with the neck) and motor disorders of the facial nerve (VII cranial nerve). Neurotoxin A have been FDA approved for the cosmetic treatment of frown & crow's feet wrinkles caused by specific muscle groups. Other areas of the face and body such as chin and neck bands may be treated in an "off-label" fashion. BOTOX/DYSPORT/XEOMIN has also been used "off-label" to treat colorectal disorders, and musculoskeletal pain disorders.

BOTOX/DYSPORT/XEOMIN injections are customized for every patient, depending on his or her particular needs. These can be performed in areas involving the eyelid region, forehead and neck. They cannot stop the process of aging. It can, however, temporarily diminish the look of wrinkles caused by muscle groups. BOTOX/DYSPORT/XEOMIN/NEWTIX injections may be performed as a singular procedure or as an adjunct to a surgical procedure.

## **ALTERNATIVE TREATMENTS**

Alternative forms of management include not treating the skin wrinkles by any means. Improvement of skin wrinkles may be accomplished by other treatments or alternative type of surgery such as blepharoplasty, face or brow lift when indicated. Other forms of eyelid surgery may be needed should you have intrinsic disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis) or looseness between the eyelid and eyeball (ectropion). Minor skin wrinkling may be improved through chemical skin-peels, lasers, injection of filling material or other skin treatments. Risks and potential complications are associated with alternative forms of medical or surgical treatment.

## **RISKS of Botulinum Type A Toxin Injections**

Every procedure involves a certain amount of risk and it is important that you understand the risks involved. An individual's choice to undergo this procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your physician to make sure you understand the risks, potential complications and consequences of Neurotoxin A injections.

**Bleeding-** It is possible, though unusual, to have a bleeding episode from injection. Bruising in soft tissues may occur. Serious bleeding around the eyeball during deeper injections for crossed eyes (strabismus) has occurred. Should you develop post-injection bleeding, it may require emergency treatment or surgery. Do not take any aspirin or anti-inflammatory medications for seven days before injections, as this may contribute to a greater risk of bleeding problem.

**Damage to deeper structures-** Deeper structures such as nerves, blood vessels and the eyeball may be damaged during the course of injection. Injury to deeper structures may be temporary or permanent.

**Corneal exposure problems-** Some patients experience difficulties closing their eyelids after BOTOX/DYSPORT/XEOMIN/NEWTIX injections and problems may occur in the cornea due to dryness. Should this rare complication occur, additional treatments, protective eye drops, contact lenses or surgery may be necessary.

**Patient Initials:** \_\_\_\_\_

**INFORMED CONSENT BOTOX/DYSPOORT/XEOMIN/NEWTIX INJECTION**  
**(Botulinum Toxin Type A)**

**Dry eye problems-** Individuals who normally have dry eyes may be advised to use special caution in considering BOTOX/DYSPOORT/XEOMIN injections around the eyelid region.

**Migration of BOTX/DYSPOORT/XEOMIN/NEWTIX-** BOTOX/DYSPOORT/XEOMIN may migrate from its original injection site to other areas and produce temporary paralysis of other muscle groups or other unintended effects. BOTOX/DYSPOORT/XEOMIN/NEWTIX has been reported to cause swallowing problems in patients treated for spastic muscle disorders of the cervical region (cervical dystonia).

**Drooping Eyelid (Ptosis) -** Muscles that raise the eyelid may be affected by BOTOX/DYSPOORT/XEOMIN/NEWTIX, should this material migrate downward from other injection areas.

**Double Vision-** Double-vision may be produced if the material migrates into the region of muscles that control movements of the eyeball.

**Eyelid Ectropion-** Abnormal looseness of the lower eyelid can occur following injection(s).

**Other Eye Disorders-** Functional and irritative disorders of eye structures may rarely occur following injection(s).

**Blindness-** Blindness is extremely rare after BOTOX/DYSPOORT/XEOMIN/NEWTIX injections. However, it can be caused by internal bleeding around the eyeball or needle stick injury. According to Allergan, the company that produces BOTOX, over a period of 10 years of BOTOX administration, complications of blurred vision, retinal vein occlusion and glaucoma have been reported in three patients. The occurrence of eye problems appears to be very rare.

**Asymmetry-** The human face and eyelid region is normally asymmetrical with respect to structural anatomy and function. There can be a variation from one to the other in terms of the response to BOTOX/DYSPOORT/XEOMIN/NEWTIX injection(s).

**Pain-** Discomfort associated with injections is usually of a short duration.

**Unsatisfactory Result-** There is a possibility of a poor or inadequate response from BOTOX/DYSPOORT/XEOMIN/NEWTIX injection(s). Additional injections may be necessary. Surgical procedures or treatments may be needed to improve skin wrinkles including those caused by muscle activity.

**Allergic reactions-** As with all biologic products, allergic and systemic life-threatening anaphylactic reactions may occur. Allergic reactions may require additional treatment. Systemic anaphylactic reactions require immediate medical care.

**Antibodies to BOTOX/DYSPOORT/XEOMIN-** Presence of antibodies to BOTOX/DYSPOORT/XEOMIN/NEWTIX may reduce the effectiveness of this material in subsequent injections. The health significance of antibodies to BOTOX/DYSPOORT/XEOMIN/NEWTIX is unknown.

**Infection-** Infection is extremely rare after these injections. Should an infection occur, additional treatment including antibiotics may be necessary.

**Long-term effects-** Subsequent alterations in face and eyelid appearance may occur as the result of aging, weight loss or gain, sun exposure or other circumstances not related to BOTOX/DYSPOORT/XEOMIN/NEWTIX injections. Future surgery or other treatments may be necessary. Neurotoxin A injection does not arrest the aging process or produce permanent tightening of the eyelid region. Continuing treatments are necessary in order to maintain the effect of BOTOX/DYSPOORT/XEOMIN/NEWTIX over time.

**Pregnancy and nursing mothers-** Animal reproduction studies have not been performed to determine if BOTOX/DYSPOORT/XEOMIN/NEWTIX could produce fetal harm. It is not known if BOTOX/DYSPOORT/XEOMIN/NEWTIX can be excreted in human milk. It is not recommended that pregnant women or nursing mothers receive these treatments.

**Patient Initials: \_\_\_\_\_**

**Drug interactions-** The effect of BOTOX/DYSPOORT/XEOMIN/NEWTOX may be potentiated by aminoglycoside antibiotics or other drugs know to interfere with neuromuscular transmission.

**Skin disorders-** Local or systemic skin rash, itching and swelling may rarely occur following injections

**Neuromuscular discolors-** Patients with peripheral motor neuropathic disorders (amyotrophic lateral sclerosis, myasthenia gravis, and motor neuropathies) may be at greater risk of clinically significant side effects from BOTOX/DYSPOORT/XEOMIN/NEWTOX.

**Migraine headache and other medical disorders-** BOTOX/DYSPOORT/XEOMIN has been used to treat forehead muscle groups that are involved with the migraine headache condition. Patients are advised that results of BOTOX/DYSPOORT/XEOMIN/NEWTOX treatment for migraine headaches and other medical disorders may be variable and improvement may not occur following BOTOX/DYSPOORT/XEOMIN/NEWTOX treatments. FDA has approved BOTOX for treatment of migraine headaches.

**Unknown risks-** The long term effect of BOTOX/DYSPOORT/XEOMIN/NEWTOX on tissue is unknown. The risk and consequence of accidental intravascular injection of BOTOX/DYSPOORT/XEOMIN is unknown and not predictable. There is the possibility additional risk factors may be discovered.

#### **HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical procedures and treatments or any complications that might occur from the same. Health insurance companies may not pay for BOTOX/DYSPOORT/XEOMIN/NEWTOX injections used to treat medical conditions. Please carefully review your health insurance and subscriber information pamphlet.

#### **ADDITIONAL TREATMENT NECESSARY**

There are many variable conditions in addition to risk and potential complications that may be influence the long term result of BOTOX/DYSPOORT/XEOMIN injections. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with BOTOX/DYSPOORT/XEOMIN/NEWTOX injections. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

#### **FINANCIAL RESPONSIBILITIES**

The cost of BOTOX/DYSPOORT/XEOMIN/NEWTOX injection may be involved several charges. This includes the professional fee for the injections, follow up visits to monitor the effectiveness of the treatment and the cost of the BOTOX/DYSPOORT/XEOMIN/NEWTOX material itself. It is unlikely that BOTOX/DYSPOORT/XEOMIN/NEWTOX injections to treat cosmetic problems would be covered by your health insurance. Additional costs of medical treatment would be your responsibility should complications develop from BOTOX/DYSPOORT/XEOMIN/NEWTOX injections.

#### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your physician may provide you with additional or different information which is based on all of the facts pertaining to your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent.**

**Patient Initials: \_\_\_\_\_**



**Office Policy (Please initial each point acknowledging you understand that:**

\_\_\_\_\_ If you miss your appointment, you may be subject to a \$25 fee unless you call 24 hours in advance.

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\_\_\_\_\_ Health insurance typically does not cover services provided. If you want to seek insurance reimbursement, we would be happy to provide you itemized invoices that you can submit to your insurance company.

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