

# BOTOX

## client intake form

### CLIENT INFORMATION

First Name:	Last Name:
Date of birth:	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> NB
Address:	
City:	Postal Code:
Email:	
Mobile Phone:	Home Phone:
Emergency Contact Name:	Emergency Phone:
How did you hear about us?:	

### MEDICAL HISTORY

Have you ever been diagnosed with or treated for the following conditions?

- |   |  |   |
|---|--|---|
| <input type="radio"/> Autoimmune disorders      | <input type="radio"/> Epilepsy/Fainting      | <input type="radio"/> Liver disease         |
| <input type="radio"/> Active acne               | <input type="radio"/> Heart disease          | <input type="radio"/> Myasthenia Gravis     |
| <input type="radio"/> Asthma                    | <input type="radio"/> High blood pressure    | <input type="radio"/> Psoriasis/Rosacea     |
| <input type="radio"/> Blood clotting disorder   | <input type="radio"/> History of anaphylaxis | <input type="radio"/> Respiratory condition |
| <input type="radio"/> Cancer                    | <input type="radio"/> HIV/AIDS/Hepatitis     | <input type="radio"/> Skin conditions       |
| <input type="radio"/> Cold sores/Fever blisters | <input type="radio"/> Keloid scarring        | <input type="radio"/> Staph infections/MRSA |
| <input type="radio"/> Diabetes                  | <input type="radio"/> Kidney disease         | <input type="radio"/> Stroke/Bell's Palsy   |
| <input type="radio"/> Eczema                    | <input type="radio"/> Lambert-Eaton syndrome | <input type="radio"/> Thyroid disorder      |

Details/Any other condition:

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381

Are you allergic to any of the following substances?

- ☐ Botulinum toxin                      ☐ Latex/rubber
- ☐ Anaesthetics (Lidocaine, Tetracaine, Dermacaine, Epinephrine, Benzocaine)

Do you have any other allergies?

- ☐ Yes      ☐ No .....

Are you currently taking any blood thinning drugs?

- ☐ Yes      ☐ No .....

Have you ever had any adverse reactions to topical treatments or medications?

- ☐ Yes      ☐ No .....

Any other medication?

- ☐ Yes      ☐ No .....

Have you had surgery in the past year?

- ☐ Yes      ☐ No .....

Are you currently pregnant or nursing?

- ☐ Yes      ☐ No .....

## SKIN HISTORY SECTION

Are you currently taking or have recently taken acne medications, i.e., Epiduo, Accutane?

- ☐ Yes      ☐ No .....

Have you used in the last 3 months Retin-A, any other vitamin-A derivatives, or AHAs?

- ☐ Yes      ☐ No .....

Have you had in the last 3 months any chemical peel, microdermabrasion, laser treatment, microneedling, facial waxing or other cosmetic treatment?

- ☐ Yes      ☐ No .....

Have you had any surgeries, including plastic surgery?

- ☐ Yes      ☐ No .....

Have you had in the last 12 months injectable treatments (such botox, skin boosters, dermal fillers)?

- ☐ Yes      ☐ No .....

How much time do you spend in the sun, and what is your level of sun protection?

.....

## VISIT CONSULTATION

Do you have a phobia of needles?

☐ Yes    ☐ No .....

What are your areas of concern?

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="radio"/> Cheeks      | <input type="radio"/> Jawline          | <input type="radio"/> Pre-jowl area       |
| <input type="radio"/> Chin        | <input type="radio"/> Lips             | <input type="radio"/> Scars/acne scarring |
| <input type="radio"/> Decolletage | <input type="radio"/> Nasolabial folds | <input type="radio"/> Smile lines         |
| <input type="radio"/> Forehead    | <input type="radio"/> Neck             | <input type="radio"/> Tear troughs        |
| <input type="radio"/> Hands       | <input type="radio"/> Nose             | <input type="radio"/> Temples             |
| <input type="radio"/> Other       |  |   |
- .....

What are your main goals in seeking botox?

.....

By signing below, I certify that the medical history provided is accurate and complete to the best of my knowledge, and I have provided complete and accurate information. I understand that it will be used to assess my suitability for any treatment. I understand that it is my responsibility to inform the therapist of any changes to my skincare routine and medical history. I agree to waive all liabilities of the therapist or employer for any injury or damages incurred due to misrepresentation of my health history.

.....  
Client Printed Name

.....  
Client Signature

.....  
Date

.....  
Therapist Name

.....  
Therapist Signature

.....  
Date

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381



# CLIENT RECORD

## botox

Name: .....  
Date of birth: .....  
Phone: .....  
Sessions purchased: .....  
Price: .....

Date: .....  
Age: .....  
Height: .....  
Treatment areas: .....  
Payment Plan: .....

DATE	LOT NO	EXPIRY	TREATED AREAS	UNITS

Notes: .....

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381





# TREATMENT RECORD

## botox

Name:

Date of birth:

Phone:

Sessions purchased:

Price:

Date:

Age:

Height:

Treatment areas:

Payment Plan:



Date

Expiration

Lot number

Total Units

Site A

Site B

Site C

Site D

Product Sticker

Date

Expiration

Lot number

Total Units

Site A

Site B

Site C

Site D

Product Sticker

Notes:

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381



# PRE & POST TREATMENT

## *botox care advice*

Your body will recover more quickly if you observe the following rules to support your health and well-being.

### PRE-TREATMENT ADVICE

- Avoid alcohol and excessive caffeine for 48 hours. These substances can dehydrate the body and increase bruising.
- Minimize direct sun exposure and avoid tanning beds for a week prior to your treatment.
- Drink 2L of water a day for 1 week before treatment.
- On the day of your treatment, avoid vigorous exercise and keep the skin clean and free of any lotions or perfumes.
- If you are using blood thinners, speak to your medical provider about whether they recommend pausing them prior to treatment

### POST-TREATMENT ADVICE

- Avoid touching, rubbing, scratching and massaging the injected area for at least 24-48 hours.
- Apply cold compresses to the treated area for 10-15 minutes at a time to help reduce swelling and discomfort.
- Avoid strenuous exercise for 48 hours.
- Avoid hot baths/saunas for 48 hours after treatment.
- Avoid sun/tanning beds for 2 weeks and use at least SPF 30.
- Stay hydrated and drink 2L of water.
- Attend follow-up appointments for optimal results, and follow a healthy diet and lifestyle to maintain your results.
- Please note: you may experience swelling, redness and mild discomfort. They will disappear within a few days. Take paracetamol/Tylenol for pain, but not NSAIDs, because they can increase bruising.



# FAQ'S

## botox

### ARE BOTOX INJECTIONS PAINFUL?

Most people experience minimal discomfort during Botox injections, described as a slight pinch.

### HOW SOON CAN I EXPECT TO SEE RESULTS AFTER BOTOX?

Results typically start becoming noticeable within 3 to 7 days, while full effects are usually visible within two weeks.

### HOW LONG DOES THE EFFECT OF BOTOX LAST?

The effects typically last around 3 to 4 months. In any case results may vary based on metabolism and muscle activity.

### WILL BOTOX MAKE MY FACE LOOK UNNATURAL?

A qualified provider ensures natural-looking results as well as the reduction of wrinkles and lines.

### IS THERE AN IDEAL AGE TO START BOTOX TREATMENTS?

The appropriate time to begin varies; a consultation will help determine if it aligns with your aesthetic goals.

### HOW OFTEN CAN I GET BOTOX INJECTIONS?

Typically, Botox treatments are repeated every 3 to 4 months to maintain results. Your provider will create a personalized treatment plan based on your needs.



# CLIENT CONSENT

## botox

Client Name:

Date of birth:

I consent to receive **botox injections**, which involves the injection of a neurotoxin derived from Clostridium Botulinum bacteria. The main use of the treatment is to reduce wrinkles by temporarily inhibiting muscle contractions in specific areas of the face.

I know and acknowledge that there are inherent risks associated with this procedure, which include, but are not limited to:

- Allergic reactions, with rash, itching or hives (more rarely, anaphylaxis).
  - Temporary drooping of facial features like eyebrows, cheeks, and mouth.
  - Dry eyes and double or blurred vision.
  - Temporary headache, bruising, bleeding, swelling, discomfort, twitching, puffiness, numbness, alterations in sensation or infection at the injections site.
  - Very rarely, muscle weakness, difficulty speaking or swallowing, breathing issues, vision problems, allergic reactions, or loss of bladder control caused by the spread of medicine to unintended body areas.
- Seek immediate medical attention if any of these symptoms occur.

I understand that these and more unforeseen risks, other than those listed, may arise, and that it is my responsibility to disclose any health condition or medication that might affect the treatment. I agree that I will seek medical attention at my own expense if necessary. I acknowledge Botulinum Toxin works best for dynamic facial lines caused by muscle activity. Lines at rest may not improve; individual results vary, and multiple treatments may be needed for desired results.

By signing below, I confirm that I have been fully informed of the potential benefits, risks and complications and I voluntarily agree. I had the opportunity to ask questions and my concerns were addressed to my satisfaction. I release [Business Name Here] from any liability or claim arising from the treatment.

Client Printed Name

Client Signature

Date

Therapist Name

Therapist Signature

Date

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381



# PHOTO & VIDEO

## *release form*

Name: .....

Date: .....

Date of birth: .....

Age: .....

Phone: .....

Email: .....

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be copied, edited, exhibited, published or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears.

I waive any right to royalties or other compensation arising or related to the use of my image or recording. I understand that this material may be used in diverse educational settings within an unrestricted geographic area. Photographic, audio or video recordings may be used for the following purposes: educational presentations or courses, informational presentations, conference presentations, on-line educational courses, educational videos.

I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I understand this release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and understand the above release and I agree to be bound thereby.

I hereby release any and all claims against any organization or person utilizing this material for educational purposes.

.....  
Client Printed Name

.....  
Client Signature

.....  
Date

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381



# CANCELLATION

## *policy form*

We are committed to providing all of our clients with exceptional care in a timely manner, committing ourselves to taking care of our clients in every aspect of our work. For this reason, we instituted a 24 hour cancellation policy for all appointments.

We understand that sometimes appointments need to be rescheduled or canceled. However, we kindly ask that you provide at least 24 hours' notice if you need to cancel or reschedule your appointment. This allows us to offer the time slot to another client who may be waiting for an appointment.

If you need to cancel or reschedule within 24 hours of your appointment, a fee of the service cost will be charged. If you do not show up for your appointment and do not provide any notice, the full cost of the service will be charged.

In the case of you are late, we reserve the right to cut your service, you will be charged for the service you booked not the cut service. If you are more than 15 minutes late and we do not have enough time to perform the service due to timing, you will be charged in full.

We really appreciate your understanding and cooperation in following our cancellation policy. We work to provide the best possible service to all of our clients, and this policy helps us achieve that goal.

I have read this policy and I understand and accept that I need to provide at least 24 hours notice when rescheduling or cancelling an appointment. If I fail to contact the office at least 24 hours in advance, I will be charged the appropriate cancellation fee.

.....  
Client Printed Name

.....  
Client Signature

.....  
Date

.....  
Therapist Printed Name

.....  
Therapist Signature

.....  
Date

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381



# INVOICE

## botox

INVOICE NR: 1234/56789

DATE: 11/01/2025

DUE DATE: 11/15/2025

BILL TO:

Name Hereh

123 Address, City Name

email@here.com

NO.	DESCRIPTION	QTY	PRICE	TOTAL
1	Service 1 Here	1	\$500	\$500
2	Service 2 Here	1	\$1000	\$1000
3	Service 3 Here	1	\$800	\$800
4	Service 4 Here	1	\$700	\$700

PAYABLE TO:

Name Here

123 Address Here

123-456-789

email@here.com

subtotal: \$3000

taxes (VAT 20%): \$600

TOTAL AMOUNT: \$3600

BANK NAME: Your Bank Here

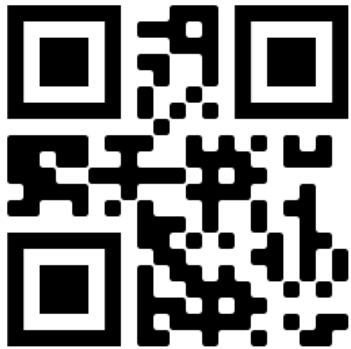
ACCOUNT: Your Bank Account Here

thank you

BODY BEAUTIFUL NM

WWW.BODYBEAUTIFULNM.COM | BODYBEAUTIFULNM@GMAIL.COM | 505-363-7381

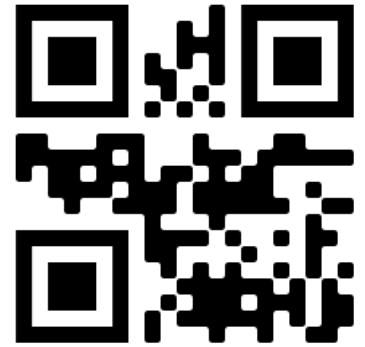
# Scan to Pay



 Cash App

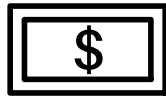


 PayPal



 venmo

WE ALSO  
ACCEPT



CASH



CREDIT CARD

 G Pay

GOOGLE PAY

 Apple Pay

APPLE PAY



let's connect

@YOURSOCIALMEDIA

 thank you 

PLEASE LEAVE US A REVIEW!



WE APPRECIATE  
YOUR FEEDBACK



# Price List

## SERVICE 1

ITEM NUMBER 1	\$ 100
ITEM NUMBER 2	\$ 50
ITEM NUMBER 3	\$ 50
ITEM NUMBER 4	\$ 30

## SERVICE 2

ITEM NUMBER 1	\$ 100
ITEM NUMBER 2	\$ 50
ITEM NUMBER 3	\$ 20

## SERVICE 3

ITEM NUMBER 1	\$ 100
ITEM NUMBER 2	\$ 50
ITEM NUMBER 3	\$ 25

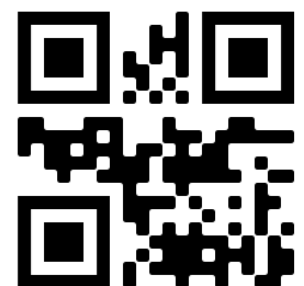


@YOURFACEBOOK

@YOURINSTAGRAM

@YOURTIKTOK

VISIT OUR SITE



# Let's get social

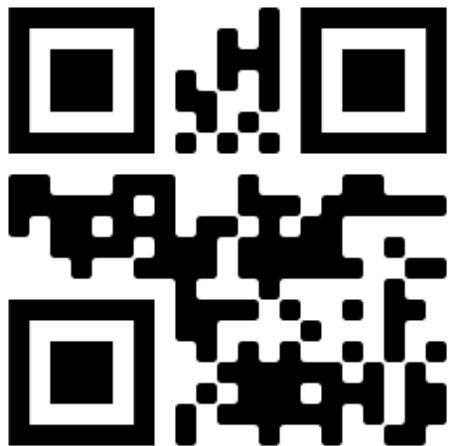


@YOURFACEBOOK

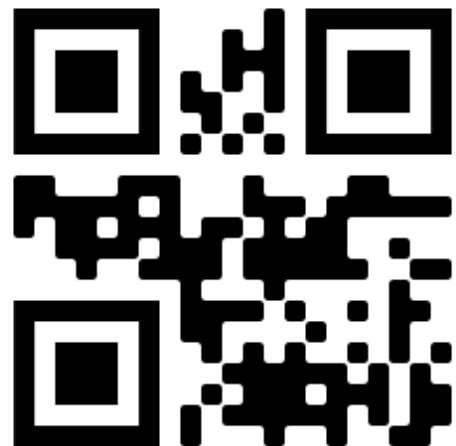
@YOURINSTAGRAM

@YOURTIKTOK

VISIT OUR SITE



LEAVE US A REVIEW



♡ thank you for your support ♡

BODY BEAUTIFUL NM

# BOTOX

*aftercare card*

WWW.BODYBEAUTIFULNM.COM

BODY BEAUTIFUL NM

# BOTOX

*aftercare card*

WWW.BODYBEAUTIFULNM.COM

BODY BEAUTIFUL NM

# BOTOX

*aftercare card*

WWW.BODYBEAUTIFULNM.COM

BODY BEAUTIFUL NM

# BOTOX

*aftercare card*

WWW.BODYBEAUTIFULNM.COM

BODY BEAUTIFUL NM

# BOTOX

*aftercare card*

WWW.BODYBEAUTIFULNM.COM

## BOTOX *aftercare card*

 AVOID TOUCHING & RUBBING AREA FOR 24 HOURS	 AVOID BENDING & LYING DOWN FOR 3 HOURS	 DON'T DRINK ALCOHOL FOR 24 HOURS	 STAY HYDRATED BY DRINKING WATER FOR 24 HOURS
 AVOID EXCESSIVE EXERCISE & SWEATING FOR 24 HOURS	 AVOID HOT TUBS & SAUNAS FOR 48 HOURS	 DON'T REMAIN IN THE HEAT FOR 72 HOURS	 SCHEDULE YOUR NEXT APPOINTMENT
ADDRESS		PHONE	EMAIL

## BOTOX *aftercare card*

 AVOID TOUCHING & RUBBING AREA FOR 24 HOURS	 AVOID BENDING & LYING DOWN FOR 3 HOURS	 DON'T DRINK ALCOHOL FOR 24 HOURS	 STAY HYDRATED BY DRINKING WATER FOR 24 HOURS
 AVOID EXCESSIVE EXERCISE & SWEATING FOR 24 HOURS	 AVOID HOT TUBS & SAUNAS FOR 48 HOURS	 DON'T REMAIN IN THE HEAT FOR 72 HOURS	 SCHEDULE YOUR NEXT APPOINTMENT
ADDRESS		PHONE	EMAIL

## BOTOX *aftercare card*

 AVOID TOUCHING & RUBBING AREA FOR 24 HOURS	 AVOID BENDING & LYING DOWN FOR 3 HOURS	 DON'T DRINK ALCOHOL FOR 24 HOURS	 STAY HYDRATED BY DRINKING WATER FOR 24 HOURS
 AVOID EXCESSIVE EXERCISE & SWEATING FOR 24 HOURS	 AVOID HOT TUBS & SAUNAS FOR 48 HOURS	 DON'T REMAIN IN THE HEAT FOR 72 HOURS	 SCHEDULE YOUR NEXT APPOINTMENT
ADDRESS		PHONE	EMAIL

## BOTOX *aftercare card*

 AVOID TOUCHING & RUBBING AREA FOR 24 HOURS	 AVOID BENDING & LYING DOWN FOR 3 HOURS	 DON'T DRINK ALCOHOL FOR 24 HOURS	 STAY HYDRATED BY DRINKING WATER FOR 24 HOURS
 AVOID EXCESSIVE EXERCISE & SWEATING FOR 24 HOURS	 AVOID HOT TUBS & SAUNAS FOR 48 HOURS	 DON'T REMAIN IN THE HEAT FOR 72 HOURS	 SCHEDULE YOUR NEXT APPOINTMENT
ADDRESS		PHONE	EMAIL

## BOTOX *aftercare card*

 AVOID TOUCHING & RUBBING AREA FOR 24 HOURS	 AVOID BENDING & LYING DOWN FOR 3 HOURS	 DON'T DRINK ALCOHOL FOR 24 HOURS	 STAY HYDRATED BY DRINKING WATER FOR 24 HOURS
 AVOID EXCESSIVE EXERCISE & SWEATING FOR 24 HOURS	 AVOID HOT TUBS & SAUNAS FOR 48 HOURS	 DON'T REMAIN IN THE HEAT FOR 72 HOURS	 SCHEDULE YOUR NEXT APPOINTMENT
ADDRESS		PHONE	EMAIL