

## BOTOX Consultation Form

1. Have you ever had a neuromodulator such as Botox injected in your area of concern before?

yes  no

2. What type(s) of neuromodulator have you used previously?

\_\_\_\_\_

3. What are your reasons for seeking treatment?

Frown Lines

Downturn of lip corner

Forehead lines

Gummy smile

Crow's Feet

Enlarged masseter

Bunny Lines

Other: \_\_\_\_\_

4. Many of our patients who use Botox also request concurrent treatment with dermal fillers, such as Juvederm. Have you had any experience with Juvederm or other dermal fillers?

yes  no  other \_\_\_\_\_

5. Have you had any previous facial surgeries?

yes  no

6. Do you have any allergies to albumin/eggs?

yes  no

7. Do you have generalized impairment of muscle strength? (i.e. Myasthenia Gravis, Eaton-Lambert Syndrome?)

yes  no

8. Have you been treated over the past week with antibiotic therapy? (esp Gentamicin)

yes  no If yes, what type: \_\_\_\_\_

9. Have you had treatment with Aspirin, NSAIDS, or anticoagulants within the last week?

yes  no

10. Do you have any infection of the eyelid or infection of other intended injection sites?

yes  no

11. Do you have any serious preexisting disease?

yes  no if yes, what type: \_\_\_\_\_

12. Are you planning on donating blood?

yes  no