

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