

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