

BOTOX® MEDICAL HISTORY

Name _____

Address _____

Email _____ Telephone # _____

Primary Physician Name _____ Office # _____

Please list all medications you are currently taking: _____

Please list all known allergies: _____

Are you on antibiotics at this time? Yes _____ No _____

Please circle any of the following medications if you are currently taking them:

Aspirin Advil® Blood Thinners Vitamin E

Please circle any of the following illnesses you have or have ever had in the past:

Myesthenia Gravis Hepatitis Eye Disease Autoimmune Disease

Numbness Vision Problems Muscle Weakness Multiple Sclerosis

Amyotrophic Lateral Sclerosis (ALS) Parkinsons Lambert-Eaton Syndrome

Neurological Disorders

WOMEN: Are you pregnant, trying to get pregnant or lactating (nursing)?

Yes _____ No _____

Have you had plastic surgery or other surgery to your face/neck areas? If so, when?

Yes _____ No _____ Date: _____

Had Botox® injections before?

Yes _____ No _____ Date: _____

Were you happy with prior Botox® results

Yes _____ No _____

If no please explain _____

Have you ever had eyelid /eyebrow droop after Botox®? Yes _____ No _____

Do you show a lot of upper eye lid when eyes are open? Yes _____ No _____

Do your eyelids feel heavy when you don't get enough sleep? Yes _____ No _____

Do your eyelids droop without sleep? Yes _____ No _____

Areas of special concern to the patient _____

List or explain any other medical conditions _____

Previous hospitalizations/operations _____

I understand the information on this form is essential to determine my medical and cosmetic needs and the provision of treatment. I understand that if any changes occur in my medical history/health I will report it to the office as soon as possible. I have read and understand the above medical history questionnaire. I acknowledge that all answers have been recorded truthfully and will not hold any staff member responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature

Date: _____