



Pre-Procedure Questionnaire for Botulinum Injections

Patient Name: _____ Date: _____

When was the last time you had Botulinum Toxin A (Botox/Xeomin): _____

Any Reactions: _____

Do you have:

Hypersensitivity to Botulinum A toxin products Yes No — Infection at the proposed injection site(s) Yes No — Bleeding Disorders Yes No

Cardiac Disease Yes No — Active Skin Disease Yes No

Do you or a family member have:

Amyotrophic Lateral Sclerosis Yes No — Motor Neuropathy Yes No

Myasthenia Gravis Yes No — Lambert-Eaton Syndrome Yes No

Facial Nerve Palsy Yes No

Are you Pregnant? Yes No — Breast-feeding Yes No Medications

Do you take or have recently been on any of the following medications:

Warfarin or Anti-Platelet Agents Yes No — Quinidin Yes No

Aminoglycosides Yes No — Magnesium Sulfate Yes No

Curare-like Nondepolarizing Blockers Yes No — Anticholinesterases Yes No

Lincosamides Yes No — Succinylcholine Chloride Yes No — Polymyxins Yes No

Physical Glabellar lines smoothed out by physically spreading them apart Yes No

Skin infection at site of injection Yes No — Evidence of muscular atrophy Yes No

Evidence of petechia or bruising Yes No — Facial Asymmetry Yes No

Ptosis Yes No — Deep dermal scarring Yes No — Thick sebaceous skin Yes No

Dermatochalasis (excessive redundant skin) Yes No

Carrie Valle N.P Signature: _____

Date: _____