



**Medical History for Neurotoxins**

**Patient Name:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Yes  No Do you now, or have you in the past, experienced an allergic reaction to any of the following?  
 Xeomin®  Botox®  Jeuveau®  Lidocaine®

Yes  No Do you now, or have you in the past, experienced any of the following?  
 Botulism  Lou Gehrig's disease  Myasthenia gravis  Double or blurred vision  
 Bell's Palsy  Upper eyelid drooping  Herpes simplex I/II

Yes  No Are you currently pregnant or breastfeeding?

Yes  No Do you have a skin infection (sores, pimples, rashes, hives, cysts) where we might want to inject?

<p><b>Current Medications:</b></p> <p>Medication: _____</p> <p>Medication: _____</p> <p>Medication: _____</p> <p>Medication: _____</p> <p>Medication: _____</p>
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**Current Supplements:**

Supplement: \_\_\_\_\_

Supplement: \_\_\_\_\_

Supplement: \_\_\_\_\_

The most common side effects of dermal filler treatments are swelling, redness, pain, bruising, headache, tenderness, lump formation, itching at the injection site. Serious but rare side effects include delayed onset infections, recurrence of herpetic eruptions, and superficial necrosis at the injection site. As with all injections, there is risk of infection.

Other risks include allergic reaction, blepharoptosis (drooping), eyebrow ptosis (droop), facial asymmetry, undesired eyebrow shape or unsatisfactory result. Immediately after the treatment, you should expect to have small, red bumps (similar to bee stings). These will go away on their own within minutes.

**Signature of Patient**

\_\_\_\_\_  
**Name** **Date**