



Medical Questionnaire

Appointment date:

Clinician:

Personal Detail

Name:

Address:

Phone:

E-mail:

MEDICAL QUESTIONNAIRE FOR BOTULINUM TOXIN TREATMENTS

It is important that you read this carefully and declare and answer all the questions correctly. Please discuss any questions you may have with us before proceeding with treatment

BOTOX® is the trade name for purified botulinum toxin type A manufactured by Allergan. We will be using other commercially available purified botulinum toxin Type A in the market. Please discuss if keen on BOTOX®.

Above 18 years old Y / N

Pregnant Y / N

Breastfeeding Y / N

Sensitive skin: Y / N Please explain:

Allergies: Y / N Please list:

Do you have any past medical history? Y / N

Please explain:

Do you have any neurologic disease e.g. MS, ALS, motor neuropathy myasthenia gravis, or Lambert-Eaton syndrome: Y / N

Please explain:



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Are you currently under investigation or waiting for a specific diagnosis?

Y / N

Please explain:

Do you take any regular medications?

Y / N

Please list:

Have you had any aesthetics/cosmetic treatments in the past?

Y / N

Please explain:

Have you had any issues with any aesthetics/cosmetic treatments in the past?

Y / N

Please explain:

Do you have any concerns about the treatment you are about to receive, or any health-related information you need to declare?

Y / N

Please explain:



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Are you taking any medications/recreational drugs or alcohol or will you be taking any on the day of the treatment? Y / N

Please list:

Is there anything else you would like us to know that has not been captured elsewhere on this form? Y / N

Please add your comments:

I confirm that the information I have provided is true and complete to the best of my knowledge. I understand that withholding information may affect the safety and outcome of my treatment. I consent to proceed based on the information given.

Client's Signature:

Clinician's Signature:

Date:

Date: