



Welcome

MEDICAL HISTORY
NEUROMODULATORS
(BOTOX, DYSPORT, XEOMIN, JEUVEAU)

Name
Address
City State Zip
Phone ( ) Email
Primary Physician Phone ( )

Please list all medications that you are currently taking.

Please list all vitamin supplements

List any allergies

Are you taking any antibiotics at this time?

Are you undergoing chemo or radiation therapy?

Are you taking any immunosuppressive medications?

CHECK ANY OF THE FOLLOWING ILLNESSES THAT YOU HAVE OR HAVE HAD IN THE PAST:

- Autoimmune, Myasthenia Gravis, Neurological Disorders, Muscle Weakness, Eye Disease, Lambert-Eaton Syndrome, Numbness, Multiple Sclerosis, Vision Problems, Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease

List any other medial conditions not listed above

Hospitalizations/Operations

WOMEN: Pregnant, Trying to get pregnant, Lactating (Nursing)

Have you had Plastic Surgery or any other surgery to your face/neck areas? When?

Have you had neuromodulators before? Last Treatment?

What areas? Were you happy with previous treatments?

Have you ever had eyelid/eyebrow droop after Botox?

Do you have areas of special concern?

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.

Patient Signature Date

Shannon P. Galinis, D.M.D., AAFE Clinical Faculty