



Cosmetic Pre-Treatment Assessment

Have you ever received Botox or been treated with other neuromodulators in the past?

- Yes
- No

If yes, which one:

- Botox
- Dysport
- Xeomin

Did you have any issues/problems/complications?
Were you satisfied with your results?

Have you ever had a reaction to Botox?

- Yes
- No

If yes, what happened?

Do you regularly take Aspirin or NSAIDs (non-steroidal anti-inflammatory drugs) such as Advil, Aleve, Ibuprofen, Naproxen?

- Yes
- No

Do you take any other blood thinning medications (i.e. Warfarin, Heparin, Eliquis, Plavix, Xarelto)?

- Yes
- No

Do you take any vitamins, herbal or dietary supplements, or any other over-the-counter medications?

- Yes
- No

Do you have a history of facial herpes simplex (cold sores)?

- Yes
- No

Do you have a personal or family history of keloids or hypertrophic or “bad scarring”?

- Yes
- No

Have you had any recent surgery or procedure or do you plan to?

- Yes
- No

If yes, what type and when?

Do you have any personal or family history of Myasthenia Gravis, ALS/Lou-Gehrig’s Disease, Guillain-Barre Syndrome or any other neuromuscular disorder?

- Yes
- No