



**Good Faith for Botox/Dysport Injections**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**History**

**Do you have:**

Hypersensitivity to Botulinum A toxin products	yes/no
Infections 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
Lamert-Eaton Syndrome	yes/no
Facial Nerve Palsy	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 Asymetry	yes/no
Ptosis	yes/no
Deep dermal scarring	yes/no
Thick sebaceous skin	yes/no
Dermatochalasis	yes/no

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician/NP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician/NP Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_