INSTITUTE OF PLASTIC SURGERY

KRISHNA DASH M.D. RUPESH JAIN, M.D.

BOTOX QUESTIONNAIRE

Last Name	First Name	Middle	Today's Date

Are you experiencing any of the following problems? (Check all that apply)		
Are you pregnant?	☐ No	☐ Yes
Are you breast feeding?	☐ No	☐ Yes
Have you ever had Botox before?	☐ No	☐ Yes
If so, how long ago and by whom? _____		
Did you have an adverse reaction?	☐ No	☐ Yes
Are you allergic to eggs or albumin?	☐ No	☐ Yes
Are you allergic to cow's milk (not a lactose intolerance)?	☐ No	☐ Yes
Do you have any allergies?	☐ No	☐ Yes
Do you have any infections at the proposed areas of injection?	☐ No	☐ Yes
Do you have any known peripheral motor neuropathy or neuromuscular disorder?	☐ No	☐ Yes

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