

# Healthy Living & Longevity Medical Center

*Function Higher—Physically, Mentally, Sexually™*

## Pre-Treatment History Form for Botox Cosmetic®

\_\_\_\_\_  
Patient name

**Instructions:** Please fill out and check all that apply.

Current medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies to medicine(s), or environmental substances, e.g., latex:

\_\_\_\_\_

Medicines currently being used, including over the counter medicines, vitamins, herbal supplements:

\_\_\_\_\_  
\_\_\_\_\_

Ever had facial surgery?  Yes  No

If yes, what was done and describe location on face: \_\_\_\_\_

Ever been diagnosed as having a neurological disease or disorder?  Yes  No

Do you have a history of any neuromuscular junction disorder, such as myasthenia gravis, Eaton-Lambert syndrome, or any peripheral motor neuron disease such as amyotrophic lateral sclerosis (ALS), or motor neuropathy?  Yes  No

Are you pregnant (or aware that you are pregnant) or breast feeding?  Yes  No

I affirm that the above is true and correct.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date

[Type text]

