

# Health History – Botox

## West Linn Aesthetic Medicine

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you pregnant? Yes or No Trying to get pregnant? Yes or No Breast feeding? Yes or No

Have you ever had a blood transfusion? Yes \_\_\_\_\_ No \_\_\_\_\_

Had a bad reaction to blood transfusion? Yes \_\_\_\_\_ No \_\_\_\_\_ Allergic to Human Albumin? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you, in general, a highly sensitive or allergic type person? Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies to anything else, including medications? Please list: \_\_\_\_\_

\_\_\_\_\_

Please list ALL medications, including over-the-counter, vitamins: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking/using any of the following...Alcohol, Aspirin, Ibuprofen, Advil, Motrin, St. John's Wort, Vit. E, Vit. A, Retin A, Cod Liver or Fish Oil, Flaxseed Oil, Ginko Biloba, Garlic, Niacin, Warfarin, Coumadin, Heparin, Lovenox, Enoxaprin, Lepirudin, Plavix, Refludan, Ticlopidine, Ticlid, Clopidogrel, Tirofiban, Aggrastat, Eptifibitate, Integrellin, muscle relaxers? Yes \_\_\_\_\_ No \_\_\_\_\_ Circle which ones.

Do you have any neurologic diseases including, but not limited to, Myasthenia Gravis, Multiple Sclerosis, Lambert-Eaton Syndrome, Amyotrophic Lateral Sclerosis (ALS), or Parkinson's? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list ALL current and past chronic health conditions: \_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct, and that if there are any changes in my health status, medications, and/or allergies that I will notify West Linn Aesthetic Medicine immediately.

Patient Name \_\_\_\_\_ Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

### Clinic Use:

Vital Signs: BP \_\_\_\_\_ HR \_\_\_\_\_ Temp \_\_\_\_\_

According to the above stated information, \_\_\_\_\_, is medically cleared to receive Botox injections. Addendum? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_