



LifeTime Dermatology
Ann E. Hern, M.D.
 2221 Livernois, Suite 101
 Troy, MI 48083

BOTOX PATIENT QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ Telephone (H): _____

Address: _____ Telephone (W): _____

Where did you hear about our clinic? Lifetime Dermatology Website Yellow pages
 Other _____

May we contact you at home? _____ At work? _____

Please list your skin concerns:

Current skin care regimen:

AM _____ PM _____

Medical History

1. Do you smoke? Yes No
 If yes, _____ packs per day.

2. Are you allergic to any medication? Yes No
 If yes, please list: _____

3. Are you presently on any medication? Yes No
 If yes, please list: _____

4. Are you pregnant or planning a pregnancy in the near future? ... Yes No

5. Do you have any health problems? Yes No
 If yes, please list: _____

History:	Yes	No	Date of last exposure
Neurologic disease			_____
Breast feeding			_____
Previous Botox			_____
Restylane			_____
Other _____			_____