



Good Faith Exam

GOOD FAITH EXAM FOR BOTOX INJECTIONS

Patient Name _____ DOB _____ DATE _____

Do you have:

Hypersensitivity to Botulinum A toxin products YES NO

Infection 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

Lambert-Eaton Syndrome YES NO

Facial Nerve Palsy YES NO

Are you:

Pregnant YES NO

Breast-feeding YES NO

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 to be completed by MD,NP, or PA

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 Asymmetry YES NO

Ptosis YES NO

Deep dermal scarring YES NO

Thick sebaceous skin YES NO

Dermatochalasis (excessive redundant skin) YES NO

MD/NP/PA:_____ Date_____