



CALIFORNIA FACE INSTITUTE

# BOTOX INTAKE FORM

DATE

[Empty input field for name]

DATE OF BIRTH      AGE      PHONE      EMAIL

[Empty input fields for date of birth, age, phone, and email]

ADDRESS      CITY      STATE      ZIP

[Empty input fields for address, city, state, and zip]

AHC FOR MEDICAL BOTOX      EMERGENCY CONTACT (\*Name / Relationship / Phone)

[Empty input fields for AHC and emergency contact]

**YOUR CONCERNS | WHAT AREAS WOULD YOU LIKE TREATED?**

[Large empty text area for concerns]

## PAST COSMETIC TREATMENT HISTORY

YES      NO

- Botox
- Facial surgery
- Permanent implants in the face
- Permanent fillers
- Juvederm products
- Skin tightening

Are you pregnant or nursing?

## ALLERGIES

[Large empty text area for allergies]



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[Redacted area]

[Redacted area]

## PAST MEDICAL HISTORY

PLEASE LIST ALL OF YOUR CURRENT MEDICAL CONDITIONS.

[Redacted area]

## MEDICATIONS

PLEASE LIST ALL OF YOUR CURRENT PRESCRIPTION, OTC, HERBAL PRODUCTS THAT YOU ARE TAKING.

[Redacted area]

## APPROXIMATE AMOUNT OF BOTOX THAT MAY BE USED

<b>Treatment Areas</b>	<b>Muscles Targeted</b>	<b>Usual Total Dose (units)</b>
Frown lines	Glabellar complex	25-50 units
Horizontal forehead lines	Frontalis	10-16 units
Crow's feet	Lateral orbicularis oculi	30-40 units
Eyebrow lift	Superior lateral orbicularis oculi	10-14 units
Bunny lines	Nasalis	10-14 units
Upper lip lines	Orbicularis oris	4-8 units for upper lip
Gummy smile	Levator labi superioris alaeque nasi	10-20 units
Marionette lines	Depressor anguli oris	10-14 units
Chin	Mentalis	5-10 units
Neck band	Platysma	40-50 units