Philip A. Scolaro, M.D.
David W. Cuthbertson, M.D.
Otolaryngology
Head and Neck Surgery

EAR NOSE & THROAT
ASSOCIATES OF LUBBOCK

Cathy M. Thackrey, Au.D., CCC-A
Audiology
Hearing Aids

Medical History Form- Botox® Only

Last Name _____ First Name _____ Middle _____

Date of Birth _____ Age _____ Gender _____ Marital Status _____

SSN _____-_____-_____ Email _____

Mailing Address _____ Preferred Language _____

City _____ State _____ Zip _____

Cell Phone (primary) _____ Home Phone _____

Employer _____ Work Phone _____

PCP Name _____ Referring Physician _____

Pharmacy _____ Cross Street _____ City _____

Emergency Contact _____ Phone _____ Relationship _____

List all medications you are taking (including prescription, homeopathic, Retin A, Glycolic Acid, Acutane, Aspirin, Ibuprofen, Vitamins, and all other over the counter medications): _____
_____

List all medication, food and makeup allergies: _____
_____

Have you ever had a MRSA (staph) infection? ○ No ○Yes, explain: _____

What skincare products do you use? _____
_____

Do you have any of the following conditions?

○ Dry Eye, use eye drops? _____
○ Corneal Abrasion, when? _____
○ Eye Surgery/Injury, when? _____
○ High Blood Pressure
○ Low Blood Pressure
○ Circulatory Problems
○ Fainting/Dizzy Spells
○ Bleeding Disorders
○ Headaches
○ TMJ/Jaw Pain
○ Bell's Palsy/Facial Paralysis
○ Chemo/Radiation (ever)
○ Use of Tobacco Products
○ Facial Cosmetic Surgery
○ Pregnant or Nursing
○ Diagnosed with any peripheral motor neuropathic diseases that affect your muscles and nerves, such as: ALS/Lou Gehrig's Disease, Myasthenia Gravis, or Lambert Eaton Syndrome

Have you had any type of laser, photofacial, Botox, Dysport, Restylane, Radiesse, Sculptra, Hylaform, Perlane, collagen, silicone, Juvaderm, Artefill, or any other cosmetic/plastic/reconstructive surgery procedures performed on your face or have scheduled in the future? ○ No ○Yes, if so:
What procedures? _____
Where on your face? _____
When was/will this be performed? _____
Are you pleased with the results? ○ No ○Yes
Any medical concerns about Botox today? _____