JUVÉDERM®
Pre-Treatment Questionnaire

		Yes	No
1.	Are you currently pregnant or planning to become pregnant in the near future? Is there a possibility you could be pregnant now? Are you recently post-partum or are you currently nursing?	☐	☐
2.	Are you on Coumadin, Aspirin, Motrin, Ibuprofen, Aleve, Plavix, Vitamin E, Fish Oils, Gingko Biloba, St. John's Wart. These medications may increase bruising or bleeding. Please circle which ones you have taken in past 30 days.	☐	☐
3.	History of HIV, or Hepatitis C, or cirrhosis of the liver?	☐	☐
4.	History of severe allergic reactions (anaphylaxis, swelling of face, tongue, etc)	☐	☐
5.	History of egg allergy?	☐	☐
6.	Active or inactive fever blisters/cold sores or herpes simplex virus? Have you ever had shingles? If so, when was the last episode and was there facial involvement?	☐	☐
7.	History of Bell's palsy or other facial paralysis?	☐	☐
8.	History of Myasthenia Gravis, Lambert Eaton syndrome (ALS), GuillanBarré Syndrome, or other neuromuscular conditions?	☐	☐
9.	Any current infection, swelling, surgeries or trauma at site where JUVÉDERM® are desired? (laceration, cellulitis, abrasion, burn, facelift / thread-lift, etc.)	☐	☐
10.	Currently on any antibiotics or heart medication?	☐	☐

If you answered yes to any of the above, please explain in detail:

I acknowledge that I have read and understand the questions being asked of me, and that my answers are true and correct to the best of my knowledge. I understand that providing inaccurate answers and/or withholding information can be detrimental to my overall health and outcome. I take full responsibility for my answers and understand that I will be asked to update this questionnaire at all future sessions for JUVÉDERM ®.

Name of patient (please print)	**Signature of patient**	**Date**

Name of physician (please print)	**Signature of physician**	**Date**