

Line Relaxer Consult

Patient Name: _____ **DOB:** _____ **Date:** _____

Patient Concerns: _____

Patient History:

- Do you have a history of cold sores? **Y / N**
- Do you have a history of keloids (scarring)? **Y / N**
- Do you have sensitive skin in which you have broken out in hives or a rash? **Y / N**
- Have you ever had eyelid or facial surgery? **Y / N** If so, when/where? _____
- Have you had line relaxers in the past? **Y / N**
When: _____ Where: _____ Reaction? **Y / N** _____
- Are you currently taking anything that can thin your blood?
 - NSAID's
 - Aspirin
 - Anticoagulant
 - Fish Oil
 - Vitamin E
 - Ginkgo Biloba
 - Omega-3 fatty acid
 - Prenatal Vitamin
- Are you or could you be pregnant? **Y / N**
- Are you currently under a specialist doctors care? **Y / N** _____
- Do you have a Neuromuscular Disease (ALS, Myasthenia Gravis): **Y / N** Autoimmune Disease: **Y / N**
- Other Diseases/Disorders: _____
- Allergies: _____
- Medications: _____
- Are you breast feeding? **Y / N**

Physical Exam:

Plan:

Education Given:

- Mechanism of Action of Line Relaxers
- Side effects of Line Relaxers including:
 - Erythema
 - Bruising
 - Bleeding
 - Headache
 - Itching
 - Rash
 - Welts
 - Infection
 - Ptosis of eyelid or eyebrow
 - Blurred vision
 - Difficulty breathing/speaking/swallowing
- Post Treatment Care including:
 - For the next 24 hours avoid:
 - Strenuous activity
 - Excessive sun/heat exposure
 - ASA, NSAID's, Alcohol
 - Being face down
- Written educational sheets given to patient

Provider signature: _____