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PATIENT UPDATE FOR BOTULINUM TOXIN

atient Name:				Date:									
ate of last injec	tion:	/	/										
	How much benefit did you receive? ☐ None ☐ Fair ☐ Good ☐ Very good								□ E:	xcellen	t		
2. Draw	an "X" on	the line belo	ow to indi	cate the	extent o	f improv	/ement	since sto	arting o	n Botuli	num Tox	<u>cin.</u>	
-+			-1	+	-	+	-1		-	-	-		
0%		20%					70%	80%	90%	100%			
		crease in fre			_					'es [□ No		N/A
		crease in he								'es [□ No		N/A
		ase in overc			_		um Toxiı	n?		'es [□ No		N/A
	•	ılinum Toxin,											
, ,		e medicines	(pain me	ds, tripta	ns, anti-ir	nflammo	atories, e	etc.)?			□ No		N/A
(b) Tri	ps to the E	ER?								'es [□ No		N/A
7. How long of	d the be	nefit last?	☐ Less tha	an 1 mon	th □ 1 m	nonth \square	6 wee	eks □ 2 r	months	□ 2½	months	□ 3	month
8. Draw an "	(" on the I	ine below to	o indicate	your ove	erall pain	decrea	i se since	e starting	on Bot	ulinum	Toxin inj	ectio	ns.
_		+		-					+				
(0% 10%	% 20%	30%	40%	50%	60%	70%	80%	90%	ž 10	0%		
9. If not for m	igraines, c	did Botulinun	n Toxin he	lp with m	uscle sp	asms?				Yes	□ No		N/A
10. If applicab	le, how m	nuch did you	r motion/ t	flexibility	increase	ś		%					
11. How much □ No			akness di inimal	id you ex	perience		□ Mo	oderate			Severe		
12. If applicab	le, how lo	ng did the v	veakness l	last?									
13. Any other:													
14. Are there of													
15. Are you ta If yes,	king CGRI is Botulinu		al antiboo reatment	dy injectio	ons with I	Botulinur	minj? (A	nimovig/	Ajovy/E	mgality	') 🗆 Y	es	□ No
□ Decr	ve your mi eased HA	or Botulinum igraines imp by at least : ration of HA	roved: 2 days/ma	onth	□ Dec	creased			aged?	□ Ye	S \square	No	
17. Have you (House		ovement in nool/Work/So			on since Yes	starting		njections Mayl					