PARKINSONS & MOVEMENT DISORDERS CENTER OF MARYLAND
Affiliated with the American Parkinson's Disease Association through Johns Hopkins University
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Patient Progress Report following Botulinum Toxin Injection

Please send this 3 weeks after the date of the injection.

Patient: _____ Date of injection: _____/_____/_____

To be completed by Physician

Condition: [] Blepharospasm [] Hemifacial spasm [] Cervical Dystonia

[] Focal dystonia: _____

[] Other: _____ Toxin: []A []B

Muscles Injected: _____

Date effect first noted: _____/_____/_____

Date maximum effect reached: _____/_____/_____

Magnitude of maximum benefit:

0---------10 ------ 20------- 30-------40 -------50------- 60------- 70 -------80 ------ 90------- 100
None Complete

Magnitude of unwanted weakness:

0---------10 ------ 20------- 30-------40 -------50------- 60------- 70 -------80 ------ 90------- 100
None Paralyzed

Side effects: _____

For persons with **Blepharospasm** and **Hemifacial spasm**:
Was there inadequate eyelid closure? [] No [] Yes If yes, you should call, start using Lacrilube ointment at bedtime, and saline drops during the day.

WHEN YOU CALL TO SCHEDULE FOR YOUR NEXT INJECTION, TELL THE SECRETARY THAT YOU ARE SCHEDULING FOR A BOTULINUM TOXIN INJECTION AND SPECIFY A (BOTOX) OR B (MYOBLOC)