BOTULINUM TOXIN CLINICPATIENT RECORD BOOKLET





CONTENTS

Important Contact Details

Appointment & Injection Diary

Treatment Goals & Tracker

IMPORTANT CONTACT DETAILS

NAME:		
ADDRESS:		
HOSPITAL:		
TEL:		
PATIENT NO.:		
CONSULTANT:	Name:	Tel:
	Email:	
NURSE SPECIALIST:	Name:	Tel:
	Email:	
PHYSIOTHERAPIST:	Name:	Tel:
	Email:	
GENERAL PRACTITIONER:	Name:	Tel:
FRACTITIONER.	Email:	
LOCAL PHARMACY:	Name:	Tel:
	Email:	

DATE OF INJECTION	NAME OF BOTULINUM TOXIN INJECTED	MUSCLE INJECTED	INJECTION SITE: SIDE (R/L)	#
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#UNITS	HOW WELL ARE SYMPTOMS BEING CONTROLLED? 0= NOT AT ALL 10= VERY WELL	DID YOU EXPERIENCE ANY SIDE EFFECTS? IF YES, PLEASE DESCRIBE THEM AND NOTE WHEN THEY OCCURRED (DAY 1, WEEK 1? ETC.)

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You can discuss your personal treatment goals with your doctor and physiotherapist, and record them in this section. A treatment goal for example might be, "button shirt without assistance", or "walk 100 metres with/without a cane". This section includes space for you to record three different treatment goals and track your progress over the course of a year.

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	w
Much better than Goal		 	 	 	 	1
A little better than Goal		 	 	 	 	
Goal achieved		 	 	 	 	
Slightly worse than Goal		 	 	 	 	
Much worse than Goal		 	 	 	 	

COMMENTS:

When did you first notice improvement?

When did you notice the maximum benefit?

When did you notice the effects starting to wear off?

DESCRIBE GOAL:		

STARTING POINT (I.E. "MUCH WORSE THAN GOAL"/"SLIGHTLY WORSE THAN GOAL"):

5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12	WEEK 13
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		I I		 			 	
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	WEEK 14	WEEK 15	WEEK 16	WEEK 17	WEEK 18	w
Much better than Goal		 	 	 	 	
A little better than Goal		 	 	 	 	
Goal achieved		 	 	 	 	
Slightly worse than Goal		 	 	 	 	
Much worse than Goal		 	 	 	 	

COMMENTS:

DESCRIBE GOAL:		

STARTING POINT (I.E. "MUCH WORSE THAN GOAL"/"SLIGHTLY WORSE THAN GOAL"):

18	WEEK 19	WEEK 20	WEEK 21	WEEK 22	WEEK 23	WEEK 24	WEEK 25	WEEK 26

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	WEEK 27	WEEK 28	WEEK 29	WEEK 30	WEEK 31	w
Much better than Goal			 		 	
A little better than Goal			 		 	
Goal achieved			 		 	
Slightly worse than Goal			 		 	! ! !
Much worse than Goal			 		 	

COMMENTS:

DESCRIBE GOAL:		

STARTING POINT (I.E. "MUCH WORSE THAN GOAL"/"SLIGHTLY WORSE THAN GOAL"):

31	WEEK 32	WEEK 33	WEEK 34	WEEK 35	WEEK 36	WEEK 37	WEEK 38	WEEK 39
	ı							

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	WEEK 40	WEEK 41	WEEK 42	WEEK 43	WEEK 44	w
Much better than Goal			 		 	
A little better than Goal			 		 	
Goal achieved			 		 	
Slightly worse than Goal			 		 	! ! !
Much worse than Goal			 		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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COMMENTS:

DESCRIBE GOAL:
STARTING POINT (I.E. "MUCH WORSE THAN GOAL"/"SLIGHTLY WORSE THAN GOAL"):

44	WEEK 45	WEEK 46	WEEK 47	WEEK 48	WEEK 49	WEEK 50	WEEK 51	WEEK 52

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Goal achieved		 	 	 	 	
Slightly worse than Goal		 	1 	 	1 	
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5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12	WEEK 13
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DESCRIBE GOAL:		
STARTING POINT		

(I.E. "MUCH WORSE THAN GOAL"/"SLIGHTLY WORSE THAN GOAL"):

44	WEEK 45	WEEK 46	WEEK 47	WEEK 48	WEEK 49	WEEK 50	WEEK 51	WEEK 52

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44	WEEK 45	WEEK 46	WEEK 47	WEEK 48	WEEK 49	WEEK 50	WEEK 51	WEEK 52



Adverse events should be reported. Reporting forms and information can be found at www.hpra.ie or email medsafety@hpra.ie. The HPRA can also be contacted on +353 (0)1 676 4971.

Adverse events should also be reported to the Ipsen Medical Information Department on +353 (0)1 809 8256 or pharmacovigilance.uk-ie@ipsen.com

DYS-IE-000532 Date of Preparation May 2023 Produced by Ipsen Pharmaceuticals Ltd.