

Melbourne NeuroCare

Axillary Hyperhidrosis PBS / MBS Eligibility Screening Form

For clinician screening before botulinum toxin treatment for severe primary axillary hyperhidrosis

Patient details

Patient name:	_____	Date of birth:	_____
Date:	_____	Completed by:	☐ Patient ☐ Parent/Guardian ☐ Clinician
Phone:	_____	Medicare no.:	_____

A. Condition screening

Question	Yes	No
1. Do you have excessive sweating mainly affecting your underarms/armpits?	☐	☐
2. Is the sweating present on both sides?	☐	☐
3. Has this been an ongoing problem for more than 6 months?	☐	☐
4. Does the sweating occur even when you are not exercising, hot, anxious, or unwell?	☐	☐
5. Does the sweating significantly interfere with daily life, work, study, clothing, social activities, or confidence?	☐	☐

B. Severity screening

Please tick the statement that best describes your underarm sweating:

- ☐ My sweating is not noticeable and does not interfere with daily activities.
- ☐ My sweating is tolerable but sometimes interferes with daily activities.
- ☐ My sweating is barely tolerable and often interferes with daily activities.
- ☐ My sweating is intolerable and always interferes with daily activities.

Clinician assessment: ☐ Mild ☐ Moderate ☐ Severe

C. PBS / MBS eligibility questions

Question	Yes	No
6. Are you 12 years of age or older?	☐	☐

7. Have you tried topical aluminium chloride hexahydrate, such as Driclor or a similar antiperspirant treatment?	☐	☐
8. Did aluminium chloride fail to adequately control your sweating?	☐	☐
9. Were you unable to tolerate aluminium chloride due to irritation, rash, burning, pain, or other side effects?	☐	☐
10. Have you had Botox or another botulinum toxin treatment for sweating in the last 4 months?	☐	☐
11. Have you had Botox or another botulinum toxin treatment for sweating more than 2 times in the last 12 months?	☐	☐

D. Safety / secondary cause screening

Question	Yes	No
12. Do you have generalised sweating affecting the whole body rather than mainly the underarms?	☐	☐
13. Do you have night sweats, fever, unexplained weight loss, or new recent onset of sweating?	☐	☐
14. Do you have thyroid disease, diabetes, infection, malignancy, menopause symptoms, or another known cause of excessive sweating?	☐	☐
15. Are you taking medications that may increase sweating, such as antidepressants, stimulants, opioids, or hormonal medications?	☐	☐
16. Are you pregnant, breastfeeding, or planning pregnancy?	☐	☐
17. Do you have myasthenia gravis, Lambert-Eaton syndrome, motor neurone disease, or another neuromuscular junction disorder?	☐	☐
18. Have you previously had an allergic reaction or significant side effect from Botox or botulinum toxin?	☐	☐

E. Eligibility summary - clinician use

- ☐ Severe primary axillary hyperhidrosis confirmed.
- ☐ Age 12 years or older.
- ☐ Failed or intolerant of topical aluminium chloride hexahydrate.
- ☐ No botulinum toxin treatment in the previous 4 months.
- ☐ No more than 2 botulinum toxin treatments in the previous 12 months.
- ☐ No clear secondary cause requiring investigation first.

Outcome: ☐ Eligible to proceed with PBS/MBS Botox treatment ☐ Not currently eligible ☐ Needs further clinical review

Important note: This form is a screening tool only. Final eligibility and suitability for treatment must be confirmed by the treating clinician according to current PBS/MBS requirements and clinical judgement.

Clinician notes and sign-off

Clinician notes:	
Clinician name:	
Signature:	
Date:	