Confidential Medical Profile

Please fill in sections A, B, C, D, and E for the client below:

A **Name** _____ **Date** _____

Address _____
Street City State Zip Code

Daytime Phone _____ **Home Phone** _____
Area Code Area Code

Referred By: _____

B **To avoid unforeseen complications, please answer the following questions:**

☐Yes ☐No Are you under the age of 18? Legal guardian's initials: _____
☐Yes ☐No Have you had any aspirin or blood thinning products within the last 7 days?
☐Yes ☐No Any mood altering drugs within the last eight hours?
☐Yes ☐No Do you have any history of cold sores, herpes, or fever blisters?
☐Yes ☐No Are you sensitive to Latex?
☐Yes ☐No Have you had a chemical or laser peel? If so, when? _____
☐Yes ☐No Do you have problems with healing?
☐Yes ☐No Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
☐Yes ☐No Are you currently undergoing radiation or chemotherapy?
☐Yes ☐No Are you currently using Retin-A or "Alpha Hydroxy" skin care products?
☐Yes ☐No Do you wear contact lenses? **(If yes, I understand they must be removed during my eyeliner procedure and should not be replaced until the next day.)**
☐Yes ☐No Are you allergic to any metal? (e.g. Can only wear 14K gold.)
☐Yes ☐No Have you ever had any permanent makeup procedures before?
☐Yes ☐No Medication, including immunosuppressive, such as anti-inflammatory or steroids?
☐Yes ☐No Withdrawal from caffeine products?
☐Yes ☐No Are you allergic to topical antibiotic preparations or desensitizers? **(e.g. Polysporin, Bacitracin, Neosporin, or "Caine" family of drugs or Petroleum)**
☐Yes ☐No Is there any history of skin diseases or remarkable skin sensitivities?
☐Yes ☐No Are you presently taking Vitamins A and/or E in any form?
☐Yes ☐No Are you pregnant or nursing?
☐Yes ☐No Are you required to take antibiotics during dental or invasive medical procedures?

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.

C **Please check any of the following which pertain to you:**

- ☐ Heart Conditions
- ☐ Allergies to Makeup
- ☐ Accutane Treatment
- ☐ Dry Eyes
- ☐ Keloid or Hypertrophy Scars
- ☐ Diabetes
- ☐ Stroke
- ☐ Chest Pains
- ☐ Shortness of Breath
- ☐ Alopecia
- ☐ Epilepsy/Seizures of any Kind
- ☐ Autoimmune Disorders
- ☐ Refractive Eye Surgery
- ☐ Glaucoma
- ☐ Cancer *(any type)* _____
- ☐ Trichotillomania
- ☐ Hepatitis/Jaundice/HIV
- ☐ Kidney Disease
- ☐ Tendency to Develop Fever Blisters on the Lip
- ☐ Tendency to Bleed Excessively from Minor Injuries
- ☐ Keloid Formation
- ☐ Hyper-Pigmentation (Darkening of the Skin)
- ☐ Hypo-Pigmentation (Lightening of the Skin)
- ☐ Diabetes
- ☐ Ocular Herpes

D **Please explain any checked question, list any other medical conditions, and list all your medications:**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Doctor's Name Phone#

E _____
Client Signature *Date*