

CONFIDENTIAL MEDICAL PROFILE

Name: _____ DOB: _____ AGE: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Referred By: _____

To avoid unforeseen complications, please answer the following questions:

Yes	No	Are you under the age of 18? Legal guardian initials: _____
Yes	No	Have you had any aspirin or blood thinning products within the last 7 days?
Yes	No	Have you had any mood altering drugs within the last 8 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	Have you had any previous problems with tattoos, or as 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 before any eyeliner procedure and should not be replaced until the next day)
Yes	No	Are you allergic to any metals?
Yes	No	Have you ever had any permanent make-up procedures before?
Yes	No	Are you taking any anti-inflammatory medication or steroids?
Yes	No	Are you suffering from withdrawal from caffeine products?
Yes	No	Are you allergic to topical antibiotic preparations or desensitizers? (I.E. polysporin, bacitracin, Neosporin or "Caine" family of drugs or petroleum)
Yes	No	Do you have a history of any skin diseases or remarkable skin sensitivities?
Yes	No	Are you currently taking Vitamin 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?

Please circle any of the following that may pertain to you:

Heart Conditions	Hepatitis/Jaundice HIV
Allergies to makeup	Kidney disease
Accutane treatment	Tendency to develop fever
Dry eyes	Blisters on lips
Shortness of breath	Hyper-pigmentation (darkening of skin)
Keloid or hypertrophy scars	Excessive bleeding from minor injuries
Keloid formation	Chest pains
Refractive eye surgery	Glaucoma
Alopecia	Epilepsy/seizures
Diabetes	Stroke

Please explain any checked question and list any other medical conditions and all medications currently being taken:

Doctor's Name: _____

Phone: _____

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.