

CONFIDENTIAL MEDICAL PROFILE

CLIENT NAME _____ DATE _____
DATE OF BIRTH _____ AGE _____ CELL PHONE # _____
ADDRESS _____
EMAIL _____ OCCUPATION _____

PLEASE CIRCLE THE ANSWER THAT APPLIES:

- YES NO Are you under the age of 18?
- YES NO Are you pregnant or nursing?
- YES NO Have you had any blood thinning agents in the last week?
- YES NO Have you had any mood altering agents in the last 24 hours?
- YES NO Do you use tobacco?
- YES NO Do you have a history of skin disorders or any remarkable skin sensitivities?
- YES NO Do you have problems with healing?
- YES NO Have you had any permanent makeup procedures before?
- YES NO Have you had any previous problems with tattoos/permanent makeup?
- YES NO Are you currently undergoing chemotherapy or radiation?
- YES NO Are you currently using Retin A or alpha-hydroxy skincare products?
- YES NO Are you currently using Latisse or any lash enhancing serums?
- YES NO Have you had a chemical peel in the last 30 days?
- YES NO Do you wear contact lenses?
- YES NO Are you wearing a pacemaker?
- YES NO Do you intentionally tan or use Tanning beds?
- YES NO Are you undergoing treatment for depression?
- YES NO Do you wear lash extensions?
- YES NO Are you or have you taken Accutane in the last 6 months?

PLEASE CIRCLE ALL THAT APPLY:

- | | | | |
|----------------------|----------------|-----------------------------|-----------|
| HEART DISEASE | KIDNEY DISEASE | ALOPECIA | STROKE |
| TRICHOTILLOMANIA | DRY EYES | REFRACTIVE EYE SURGERY | STEROIDS |
| HEPATITIS | CANCER | HYPER PIGMENTATION | EPILEPSY |
| TEAR DUCT PLUGS | DIABETES | HYPO PIGMENTATION | VITILIGO |
| ANTI INFLAMMATORIES | GLAUCOMA | KELOID FORMATION | HIV |
| ROSACEA | TUBERCULOSIS | COLD SORES / FEVER BLISTERS | HERPES |
| AUTO IMMUNE DISORDER | ARTHRITIS | BLEEDING DISORDERS | OILY SKIN |

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

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. By signing this consent you are acknowledging that you are in good health and there are no apparent reasons to restrict you from receiving a tattoo.

CLIENT SIGNATURE _____ DATE _____