



Confidential Medical Profile

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Phone # \_\_\_\_\_

Referred By: \_\_\_\_\_

To avoid unforeseen complications, please answer the following questions:

- Y N Are you over the age of 18? Legal guardian's initials: \_\_\_\_\_
- Y N Have you had any aspirin or blood thinning products within the last 7 days?
- Y N Any mood altering drugs within the last 8 hours? (i.e. Wellbutrin, Xanax, Prozac)
- Y N Do you have any history of cold sores, herpes, or fever blisters?
- Y N Are you sensitive to Latex?
- Y N Have you had a chemical or laser peel?
- Y N Do you have problems with healing?
- Y N Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
- Y N Are you currently undergoing radiation or chemotherapy?
- Y N Are you currently taking any chemotherapy medications?
- Y N Are you currently using Retin-A or "Alpha Hydroxy" skin care products? (If so, avoid use for 1 month following procedure)
- Y N Do you wear contact lenses?
- Y N Are you allergic to any metal? (e.g. Can only wear 14k gold) \_\_\_\_\_
- Y N Have you ever had any permanent makeup procedures before? Prior to Flor? Area? When? \_\_\_\_\_
- Y N Medication, including immunosuppressive, such as anti-inflammatory or steroids?
- Y N Withdrawal from caffeine products?
- Y N Are you allergic to topical antibiotic numbing creams or desensitizers?
- Y N Is there any history of skin diseases or remarkable skin sensitivities?
- Y N Are you taking any vitamins?
- Y N Are you pregnant or nursing?
- Y N Are you required to take antibiotics during dental or invasive medical procedures?
- Y N Do you have any drug allergies? If yes, list in space provided at the end of the form.
- Y N Are you currently taking medication for high or low blood pressure?
- Y N **Did you work out today?**

**Y N Have you consumed alcohol today?**

Do you, or have you had, any of the following:

- Tuberculosis  MRSA/STAPH
- Heart condition/Pace Maker
- Trichotillomania  Eczema/Dermatitis
- Allergies to makeup  Hepatitis/Jaundice/HIV
- Accutane treatment  Kidney Disease
- Dry eyes  Cold sores
- Keloids  Tendency to bleed
- Glaucoma  Thyroid Issues
- Diabetes  Hyper-pigmentation
- Stroke  Hypo-pigmentation
- Chest pains  Herpes Simplex
- Shortness of breath  Refractive eye surgery
- Alopecia  Autoimmune disorders
- Epilepsy/seizures  Shingles
- Smoker  Eyelid surgery
- Cataract surgery  Lasik surgery
- Tear duct plugs  Ocular Herpes
- Planning on having Facial Plastic Surgery
- Cancer (List below)  Head Injury/Trauma
- Tan Regularly?  Laser removal of brows
- Facelift/Forehead/Brow Lift/Rhinoplasty
- Scar/s in area  Eyebrow Transplant
- Botox/Fillers- Area/s \_\_\_\_\_
- Other Medical Conditions: LIST BELOW

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

*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.*