Confidential Medical Profile

A Name		Date		
Street	City	State	Zip Code	
Daytime Phone	Home Pho	one	T.P COUC	
Referred By:		Area Code		_
B To avoid unforeseen complications following questions:	s, please answer the	Please check any of the fol Heart Conditions		pertain to you:
□ Yes □ No Are you under the age of 18? L □ Yes □ No Have you had any aspirin or ble the last 7 days?	ood thinning products within	☐ Allergies to Makeup☐ Accutane Treatment	☐ Hepati	tis/Jaundice/HIV Disease
□Yes □No Any mood altering drugs withir □Yes □No Do you have any history of cold : □Yes □No Are you sensitive to Latex?	n the last eight hours? sores, herpes, or fever blisters?	☐ Dry Eyes ☐ Keloid or Hypertrophy Scars	☐ Tender	ruisease ncy to Develop Fever s on the Lip
□ Yes □ No Have you had a chemical or las □ Yes □ No Do you have problems with hea □ Yes □ No Previous problems with tattoos	ding?	☐ Diabetes ☐ Stroke	Tender	cy to Bleed Excessive linor Injuries
Are you currently undergoing raproducts? Yes □No Are you currently using Retin-A products? Yes □No Do you wear contact lenses? (If must be removed during my eye not be replaced until the next of Are you allergic to any metal? (e.g. Yes □No Medication, including immunosu inflammatory or steroids? Yes □No Withdrawal from caffeine productions of Are you allergic to topical antibio desensitizers? (e.g. Polysporin, "Caine" family of drugs or Petro	o at this time? Idiation or chemotherapy? or "Alpha Hydroxy" skin care yes, I understand they eliner procedure and should lay.) Can only wear 14K gold.) It makeup procedures before? Impressive, such as anti- tts? Itic preparations or Bacitracin, Neosporin, or	Chest Pains Shortness of Breath Alopecia Epilepsy/Seizures of any Kind Autoimmune Disorders Refractive Eye Surgery Glaucoma Cancer (any type) Please explain any checked conditions, and list all your and shortness.	Hyper- (Darker Hypo-F (Lighter Diabeter Ocular	Herpes
IYes □No Is there any history of skin diseas sensitivities? IYes □No Are you presently taking Vitamins IYes □No Are you pregnant or nursing? IYes □No Are you required to take antibiotion medical procedures?	s A and/or E in any form?			
Practitioner makes no attempt to, or claim Some individuals will have complications makeup application. These complications fast only a few days. However, extreme con possibility. If you are healthy and there a testricting you from receiving a tattoo, you lesign and color before the application	related to permanent are usually mild and aplications are always are no visible reasons			
nakeup.	vi your permanent	Doctor's Name		Phone#