

Confidential Medical Profile - Micropigmentation

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

To Avoid Unforeseen Complications, Please Answer The Following Questions:

1. Have you been in the sun or gotten sunburned in the last 4 weeks?
yes no
2. Have you had any aspirin or blood thinners in the past week?
yes no
3. Have you ever had any permanent makeup procedures before?
yes no
4. Have you had any fake tan or used any tinted lotion in the last week?
yes no
5. Any mood altering drugs within the last 6 hours (caffeine, diet pills...)?
yes no
6. Are you on any immunosuppressive medications such anti-inflammatories or steroids?
yes no
7. Do you have a history of cold sores, herpes, or fever blisters?
yes no
8. Are you allergic to topical antibiotic preparations or desensitizers?
yes no
9. Are you sensitive or allergic to latex?
yes no
10. Have you had a chemical peel, laser, Botox, filler?
yes no If so, when? _____
11. Are you currently taking any vitamins A or E in any form?
yes no
12. Are you currently using or have you used any lash serums in the last 7 days?
yes no
13. Do you have problems healing?
yes no
14. Are you currently undergoing radiation or chemotherapy?
yes no
15. Are you currently taking or have taken any medication with Isotretinoin (CLARAVIS, SOTRET, MYORISAN, AMNESTEEM, ABSORICA, ACCUTANE, ZENATANE) in the past year?
yes no
16. Are you required to take antibiotics during dental or invasive medical procedures?
yes no
17. Are you currently using any Retin-A or Alpha-Hydroxy skin care products?
yes no
18. 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