



**MEDICAL HISTORY FORM**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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Which body area/areas or condition would you like treated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer all of the following questions**

**YES NO**

1. Do you have **ANY** current or chronic medical illnesses?  YES  NO  
Disclose any history of heat urticaria, diabetes, autoimmune disorders or any immunosuppression, blood disorders, cancer, bacterial or viral infections, medical conditions that significantly compromise the healing response, skin photosensitivity disorders, or any other condition or illness.  
Please List: \_\_\_\_\_
  2. Do you have **ANY** current or chronic skin conditions?  YES  NO  
Also disclose any history of vitiligo, eczema, melasma, psoriasis, allergic dermatitis, any diseases affecting collagen including Ehlers-Danlos syndrome, scleroderma, skin cancer, or any other skin condition.  
Please List: \_\_\_\_\_
  3. Are you currently under a doctor's care? If so, for what reason?  YES  NO  
\_\_\_\_\_
  4. Do you take/use **ANY** medications (prescriptions and nonprescriptions), vitamins, herbal or natural supplements, on a regular or daily basis?  YES  NO  
Please List: \_\_\_\_\_
  5. Are there any topical products (both medical and non-medical) that you use on your skin on a regular or daily basis?  YES  NO  
Please List: \_\_\_\_\_
  6. Do you take/use ANY systemic/oral steroids (e.g., prednisone, dexamethasone)?  YES  NO
  7. Do you have **ANY** allergies to medications, foods, latex or other substances?  YES  NO  
Please List: \_\_\_\_\_
  8. (For women) are you or could you be pregnant?  YES  NO
  9. (For women) are menstrual periods irregular, or have you ever been diagnosed with Polycystic Ovarian Disorder?  YES  NO
  10. Do you have a history of herpes I or II in the area to be treated?  YES  NO
  11. Do you have a history of keloid scarring or hypertrophic scar formation?  YES  NO
  12. Do you have a history of light induced seizures?  YES  NO
  13. Do you have any open sores or lesions?  YES  NO
  14. Do you have any history of radiation therapy in the area to be treated?  YES  NO
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**MEDICAL HISTORY, CONTINUED**

**YES NO**

15. In the last six (6) months, have you used any of the following:  
anticoagulants or blood-thinning medications; photosensitizing medications; or anti-inflammatory  
or blood thinning medications?  YES  NO  
Please List product name and date last used: \_\_\_\_\_
16. In the last three (3) months, have you used any of the following products:  
glycolic acid or other alphahydroxy or betahydroxy acid products;  
exfoliating or resurfacing products or treatments?  YES  NO  
Please List product name and date last used: \_\_\_\_\_
17. Do you have or have you ever had any permanent make-up, tattoos, implants,  
or fillers, including, but not limited to, collagen, autologous fat, Restylane®, etc.?  
If yes, please list locations on or in the body and dates: \_\_\_\_\_  YES  NO
18. Do you have or have you ever had any Botulinums, such as Botox® or Dysport®?  
If yes, please list locations on or in the body and dates: \_\_\_\_\_  YES  NO
19. Have you taken Accutane® (or products containing isotretinoin) in the last 12 months?  YES  NO
20. Have you taken Tretinoin (like Retin-A, Renova) in the last 6 months?  YES  NO
21. Have you had any unprotected sun exposure, used tanning creams (including  
sunless tanning lotions) or tanning beds or lamps in the last 4-6 weeks?  YES  NO
22. Do you have a pacemaker?  YES  NO

Please include your email address to receive appointment confirmations, and monthly information on  
special pricing and/or special events:

\_\_\_\_\_ @ \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



**Consent and Release Agreement for Permanent Cosmetics**

This form is designed to give information needed to make an informed choice of whether or not to undergo a permanent cosmetics application. If you have questions, please don't hesitate to ask.

Although permanent cosmetic tattooing is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are stickily adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5- 7 days the color will fade 10-50%, soften and look more natural. The pigment is permanent but will fade somewhat over time and will likely need to be touched-up through the years.

**Photography Release Consent**

We would like your permission to use these photos for advertising. For example, in portfolios, online and in print adds, ect. Your consent is necessary regarding this. Please **circle** and indicate with your signature if you would like your photos used or not used in advertising.

YES, feel free to use them

NO please do not use them

Signature \_\_\_\_\_ Date \_\_\_\_\_

Special requests, concerns or remarks for technician:

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**Possible risks, hazards or complications**

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. Lip procedures are more likely to involve some pain.
- **Infection:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears within 1-5 days. Some people don't bruise or swell at all.
- **Eye Exposure:** There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
- **MRI:** Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.
- **Fever Blisters:** If you are prone to cold sores or fever blisters, (herpes simplex), there is a high probability that you will get them if requesting a lip procedure. (lip procedures are the only things that will cause cold sores) It is advised that you call your doctor for a prescription anti-viral to help prevent this from occurring.
- **Allergic Reaction:** There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this. Please initial to: Waive \_\_\_\_\_ or Take \_\_\_\_\_.

**The alternative to these possibilities is to use cosmetics and not undergo the Permanent Cosmetics procedure.**

**Consent and release for procedures performed:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Aftercare

After care is very important for producing a beautiful and lasting result.

- Keep the area clean by washing with freshly washed hands and a mild soap. Do not use a washcloth or sponge to remove soap. Simply splash with water. Do not use cleansing creams, acne cleansers or astringents. Use a mild, natural soap.
- Apply the aftercare balm with freshly washed hands or a Q-tip. If the balm is too stiff to use simply warm it up in a glass of warm water or on your finger. Use the balm very sparingly. Too little is better than too much. Blot off excess with a clean tissue. Never touch the procedure area without washing your hands immediately before.
- Do not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.
- Do not use any makeup near the procedure area including mascara for eyeliner procedures for at least 3 days. Purchase new mascara and makeup if possible to avoid contamination or bacterial infection.
- Always use a sun block after the procedure area is healed to protect from sun fading.

### What's Normal?

- **Swelling, itching, scabbing, light bruising and dry tightness.** Ice packs are a nice relief for swelling and bruising. Aftercare calm is nice for scabbing and tightness.
- **Too dark and slightly uneven appearance.** After 2-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment.
- **Color change or color loss.** As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up is necessary. The procedure area has to be completely healed before we can address any concerns. This takes at least four weeks.
- **Needing a touch up months or years later.** A touch up may be needed 1 to 5 years after the initial procedure depending on your skin, medications and sun exposure. We recommend a touch up 30 days after the first session (included in today's price) and every few years to keep them looking fresh and beautiful. Touch up sessions after 60 days will be \$175 or current touch up rate at time of touch up.

Failure to follow after care instructions may result in infections, pigment loss or discoloration.

**I have read, understand and agree to the above instructions.**

Signature- \_\_\_\_\_ Date \_\_\_\_\_