



Client Medical History Form

CONFIDENTIAL

MICROBLADING/PERMANENT COSMETIC PROCEDURE

Date _____ Birthdate _____

Name _____

Address _____ Phone _____

_____ Email _____ Emergency Contact _____

Person _____ Phone _____

Do you have or previously had any of the following: (Circle YES or NO)

YES/ NO History of MRSA

YES /NO Diabetes

YES/ NO Hepatitis A B C D

YES /NO Easy Bleeding/Hemophilia

YES /NO Abnormal Heart Condition

YES/ NO Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc. _____

YES /NO Pregnant now – Breastfeeding now

YES/ NO Autoimmune disorder

YES /NO Cancer (Year _____)

YES /NO Chemotherapy/ Radiation

YES /NO Tumors/ Growth/ Cysts

YES /NO Difficulty numbing with dental work

YES /NO Skin diseases

YES/ NO Eczema

YES /NO Are you prone to herpes?

YES /NO Infectious diseases now/high fever now

YES/ NO Epilepsy

YES/ NO Do you have a pacemaker?

YES /NO Oily Skin

YES/ NO Accutane or acne treatment (Completed When? _____)

YES/ NO Botox (Last treatment _____)

YES/ NO Forehead/Brow Lift/Facelift (Date of procedure _____)

YES /NO Chemical Peel (Last Treatment _____)

YES/ NO Brow Lash Tinting (Last Treatment _____)

YES/ NO Tan by booth or salon

YES/ NO Do you have problems with healing of wounds?

YES/ NO Have you consumed drugs or alcohol in the last 24 hours?

YES/ NO Did you undergo any surgery in the last 14 days?

YES/ NO Allergic reaction to **any** medications such as Lidocaine, Tetracaine, Epinephrine, Derma Caine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc. _____

YES/ NO Allergies to metals, food, etc. _____

YES/ NO Any diseases or disorders not listed _____

YES/ NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxy?

Please list any/all medications you are taking _____

I agree that all the above information is true and accurate to the best of my knowledge

Signed _____ Date _____

