

NEW CLIENT INFORMATION

Date _____

PLEASE PRINT, complete entirety. You must update this form yearly or when additional services are added. I verify the preceding history and statements are accurate, as current medical history is essential to execute appropriate treatment procedures.

First _____ Last _____

Birthday _____

Address: _____

HomePhone _____ Cell _____

Email _____

Have you ever had any tattoo, or permanent makeup previously? (Circle, YES or NO)

Where? _____

How long ago was that procedure performed? _____

Please date, list and explain circumstances including complications of previous Intradermal or Eyelash Procedures (permanent cosmetics, tattoo shape or color correction, allergic reaction, etc.)

Reason for your visit today(Circle):

Eyeliner, Eyebrows, Lipliner, Full Lip Color, Lip Liner with blending, touch up, Eliminate tattoo removal, beauty mark OTHER: _____

Do you wear contact lenses? (Circle): YES or NO

I understand it is mandatory that I take out my contact lenses when getting an eyeliner procedure and may experience eye sensitivity and have trouble driving immediately after procedure. I also understand that it is possible to get corneal abrasions when getting an eyeliner procedure.

(SIGN HERE) _____

Are you pregnant or breastfeeding?(Circle) YES or NO

Do you take antibiotics when going to the dentist? YES or NO

If YES, why? _____

Have you EVER had a Cold Sore? (Circle) YES or NO

***If yes, you must contact your physician for a prescription of Zovirax Capsules, an antibiotic which prevents cold sores.

I understand that It is mandatory if I desire lipline or full lip color procedures that I must contact my physician for a prescription to take 3-4 days before my procedure.

(SIGNHERE) _____

Do you have any allergies to the items listed below? (Circle all that apply):

Lidocaine, Self Adhesive Tape, Hydrocortisone, Antibiotics, Latex, Triple Antibiotic cream,

Cosmetics: _____

Other: _____

What skin care products do you use? (Circle):

Cleanser, Toner, Moisturizer, Sunblock, Anti-Aging Creams, Salicylic acid, Glycolic acid, Benzoyl peroxide products, Accutane, dapsone (Aczone), Adapalene, Tretinoin cream

Others: _____

Do you consider your skin to be (Circle):

Extremely Dry, Dry, Combination, Oily or Extremely Oily

Medical History: (Circle all that apply):

Anemia, Seizure, Active Infection, Keloid, raised scarring, Vitiligo or skin pigment changes, Anxiety, Hepatitis, Chronic Fatigue, Kidney / Liver Disease, Heart Disease, Attack, Stroke, Implants, Diabetes, Bleeding tendency, AutoImmune Disease, High Blood Pressure, Low Blood Pressure, HIV/Aids, Migraines, Drug Addiction, Cold sore or Herpes, Hormone/ Thyroid Imbalance, Skin Disease, lesion, Epilepsy. Moles or freckles at site of tattoo, hemophilia,

Other/Explain: _____

Are you currently being treated for Cancer(Circle)? YES or NO

What kind of Cancer? _____

Medications: (IMPORTANT)

List all topical, Ingestible, Injectable, over the counter (even aspirin) prescriptions, in the last 90 days, including Dosage and Frequency. This can include Antibiotics, Retinols, Acne, birth control, hormones, or other? Include herbal or Vitamin Supplements. List any of their side effects. _____

Do you have other Health/Medical/ Psychological conditions or presently under physicians care? If yes, please explain:

How did you hear about us?

PLEASE READ CAREFULLY AND SIGN BELOW (Vital Information)

We only use the very finest, sterile pigments available. They **DO NOT contain Iron Oxide and are MRI SAFE**. Even though we combine this with the most advanced application techniques for our permanent makeup procedures. Some of these procedures need to be repeated because the original application **can fade anywhere from 25% to 65%**. Individual chemical and genetic makeup can affect the final result.

****Please understand that we cannot accurately predict how much fading you might experience with your procedure due to individual chemical and genetic makeup!**

We sincerely hope that you are one of those lucky individuals who get perfect results with only one application, but this cannot be guaranteed. Please remember that the amount of pigment you retain or lose after your initial application is not a reflection of the quality of work. In case your procedure must be repeated, you have to wait at least 21 days for the date of your original application.

****UNDER NO CIRCUMSTANCES CAN AN APPLICATION BE REPEATED WITHIN A TIME FRAME OF LESS THAN 21 DAYS - The tissue is not ready to absorb new pigment.**

****PRICES QUOTED FOR YOUR ORIGINAL PERMANENT MAKEUP IS FOR YOUR ORIGINAL PERMANENT MAKEUP PROCEDURE.**

I understand that if I cancel my procedure I will be charged a fee of 50\$. I have read all information and fully understand all the information above. I have had the opportunity to ask questions about the information presented on this form. I understand that they cannot accurately predict how much fading I might experience with my procedure due to individual chemical and genetic makeup.

Date: _____

Print Name: _____

Sign Here: _____