

STANDARDIZED FORM AAM

CONFIDENTIAL MEDICAL PROFILE



Name _____ Date _____
 Address _____
 Street City State Zip Code
 Daytime Phone: _____ Home Phone: _____
 Area Code Area Code
 Referred By: _____

To avoid unforeseen complications, please answer the following questions:

Yes No Are you under the age of 18? Legal guardians initials: _____

Yes No Have you had any aspirin or blood thinning products within the last 7 days?

Yes No Any mood altering drugs within the last 8 hours?

Yes No Do you have any history of cold sores, herpes, or fever blisters?

Yes No Are you sensitive to Latex?

Yes No Have you had a chemical or laser peel? If so, when? _____

Yes No Do you have problems with healing?

Yes No Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?

Yes No Are you currently undergoing radiation or chemotherapy?

Yes No Are you currently using Retin-A or "Alpha Hydroxy" skin care products?

Yes No 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 Are you allergic to any metal? (e.g. you can only wear 14K gold)

Yes No Have you ever had any permanent make-up procedures before?

Yes No Medication, including immunosuppressive, such as anti-inflammatory or steroids?

Yes No Withdrawal from caffeine products?

Yes No Are you allergic to topical antibiotic preparations or desensitizers?
 (e.g. Polysporin, Bacitracin, Neosporin, or "Caine" family of drugs or Petroleum)

Yes No Is there any history of skin diseases or remarkable skin sensitivities?

Yes No Are you presently taking Vitamins A and/or E in any form?

Yes No Are you pregnant or nursing?

Yes No Are you required to take antibiotics during dental or invasive medical procedures?

Please check any of the following which pertain to you:

- | | |
|-------------------------------|---|
| Heart conditions | Hepatitis/jaundice/HIV |
| Allergies to makeup | Kidney disease |
| Accutane treatment | Tendency to develop fever blisters on the lip |
| Dry eyes | Tendency to bleed excessively from minor injuries |
| Keloid or hypertrophy scars | Keloid Formation |
| Diabetes | Hyper-pigmentation (darkening of the skin) |
| Stroke | Hypo-pigmentation (lightening of the skin) |
| Chest pains | Diabetes |
| Shortness of breath | Ocular herpes |
| Alopecia | |
| Epilepsy/seizures of any kind | |
| Autoimmune disorders | |
| Refractive Eye Surgery | |
| Glaucoma | |
| Trichotillomania | |
| Cancer (any type) _____ | |

Please explain any checked question and list any other medical conditions & **LIST ALL YOUR MEDICATIONS:**

DOCTOR'S NAME: _____ PHONE: _____

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent make-up.

Client Signature _____ Date _____