

Client Medical History Consent Form



Name	Date	D.O.B	Age
Address	City	ST	ZIP
Employer/Occupation	Home Phone	Cell Phone	Work Phone
How did you find Permanent Cosmetic Solutions	email		ID Shown:

1	Abnormal Heart Condition	27	Have you had a laser treatment in the past 6 mos.?
2	Cold Sores/Fever Blisters	28	Have you had a chemical peel in the past 6 mos.?
3	Hemophilia	29	Are you allergic to latex?
4	High/Low Blood Pressure	30	Are you using exfoliating products...Retin-A, Glycolic?
5	Had a fever in the last 3 days	31	Do you have a history of skin sensitivities?
6	Circulatory Problems	32	Are you allergic to topical make-ups?
7	Epilepsy	33	Do you bruise or scar easily?
8	Diabetes	34	Do you have a history of hyper or hypo-pigmentation?
9	Fainting/Dizziness	35	Do you have a history of keloid scars?
10	Cataracts	36	Are you allergic to numbing products in the 'cain' family?
11	Glaucoma	37	Do you use a tanning bed, or tan regularly?
12	Dry Eye	38	Do you need to pre-medicate with antibiotics?
13	Corneal Abrasions	39	Are you using Accutane?
14	Eye Surgery/Injury	40	Do you have problems healing from small wounds?
15	Blepharoplasty (Eyelid Lift)	41	Do you have autoimmune disorders?
16	Visual Disturbances	42	Are you lips injected with fillers? Lip implants?
17	Do you wear contact lenses?	43	Do you have Botox? Most recent injections. _____
18	Cancer/Tumors/Growths/Cysts/Sty	44	Are allergic to iron-oxide or nickel?
19	Chemo/Radiation	45	Do you or have you had Covid-19 symptoms/When _____ :
20	Are you pregnant/nursing?	46	Are you anemic?
21	Hepatitis	47	Do you have arthritis?
22	Do you use tobacco products?	48	Are you taking over the counter vitamins?
23	Are you taking an aspirin per day?	49	Is your skin oily?
24	Are you taking prescription meds?	50	Have you had permanent cosmetics or tattoos?
25	Are you allergic to petroleum products?	51	How long ago?
26	Have you had alcohol in the past 24 hours?	52	Did you have complications during the healing process?

*****What color are your eyes? **Brown Blue Green Hazel**

What happens when you're in the sun? Tan Burn Easily

Do you prefer Gold or Silver jewelry? Gold Silver Both

What color are your veins? Blue Blue/Green Green

Client Signature _____

Doctor's Name..... Phone.....

Eyebrows: _____

Eyeliner: _____

Lip Color: _____