KALEIDIUM Permanent Cosmetics LLC
Confidential Medical Record Profile

Permanent Makeup/Cosmetics (tattooing) is an invasive procedure that requires a thorough medical history. Please complete the questionnaire honestly and fully. If all forms are not completed and signed, the procedure(s) will not be performed. All information is protected by HIPPA Guidelines.

Name: _____ Nickname:_____

Address:_____ City:_____

State:_____ Zip Code: _____ Telephone:_____ (cell/home/work)

Email Address:_____ Male / Female *(circle)*

Emergency Contact:_____ **Telephone:**_____

YES / NO Are you under the age of 18 years old?

YES / NO Have you previously had tattoos or permanent cosmetics?

YES / NO Any previous issues with tattoos or wound healing?

YES / NO Have you taken any blood-thinning medications within the past seven (7) days?

YES / NO Are you currently taking antibiotics, steroids, or mood-altering medications?

YES / NO Do you have a history of, or have you ever had, a cold sore or fever blister (HSV-1)?

YES / NO Do you have a history of skin disorders/diseases or skin sensitivities?

YES / NO Do you sun bathe or use tanning salon services?

YES / NO Do you smoke, including e-cigarettes/vapes?

YES / NO Do you suffer from any respiratory (including sinus issues) or circulatory issues?

YES / NO Within the past year, have you been treated by a dermatologist?

YES / NO Have you had a chemical/laser peel or microdermabrasion?

YES / NO Are you currently pregnant or nursing?

YES / NO Have you read the Medication Lists and Disclaimer form?

YES / NO Do you have any known allergies (including latex allergies)?

YES / NO Are you allergic to any topical antibiotics or desensitizers/numbing agents (Vaseline, Neosporin, Vitamin A&D Ointment or any of the '-caine' medications)?

*** Please circle any of the following pertaining to you:*

Heart Condition	Makeup Allergies	Cancer	Dry Eyes	Hepatitis	HIV/AIDS
Keloid Scars	Alopecia/Hair Loss	Diabetes	Jaundice	Glaucoma	Stroke
Kidney Disease	Hyperpigmentation	Trichotillomania (hair pulling disorder)			

Please explain questions answered 'YES' and any circled items above:

_____
_____
_____
_____
_____
_____
_____

_____ _____
Client Signature / Date Reviewed By / Date