HDi Scar & Stretch Mark Camouflage
CLIENT AND/OR TRAINING MODEL CONSULTATION FORM

PERSONAL INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ POSTAL/ZIP _____ ☐ CANADA ☐ USA ☐ EUROPE

PHONE _____ ALT. PHONE _____ EMAIL _____

REFERRED BY: _____

☐ By providing your email address above, you are agreeing to allow LASHFOREVER CANADA to contact you with electronic emails and/or print material regarding promotions, enhancements and services that may be of interest to you.You may unsubscribe at any time.

ALLERGIES

Do you have any allergies? (ie. Latex) ☐ Yes ☐ No If yes, please specify: _____

Are you allergic to anesthetics? ☐ Yes ☐ No If yes, please specify: _____

Are you allergic to any antibiotics? ☐ Yes ☐ No If yes, please specify: _____

Have you had any eye surgeries? ☐ Yes ☐ No If yes, please specify: _____ Date: _____

Please specify any other allergies or concerns:

_____

MEDICAL HISTORY

Do you have any body tattoos? ☐ Yes ☐ No

Are you a Diabetic? ☐ Yes ☐ No

Do you bruise easily? ☐ Yes ☐ No

Have you ever suffered from a Fever Blister, cold sore or canker sore? ☐ Yes ☐ No

Do you have any other serious medical conditions? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No

Do you have any heart conditions? ☐ Yes ☐ No

Does your skin swell easily? ☐ Yes ☐ No

Have you ever been tested positive for HIV or Hepatitis? ☐ Yes ☐ No

Please specify any other medical conditions:

_____

MEDICATIONS

Are you currently taking any medications, including immunosuppressant such as a an anti-inflammatory or steroid? ☐ Yes ☐ No

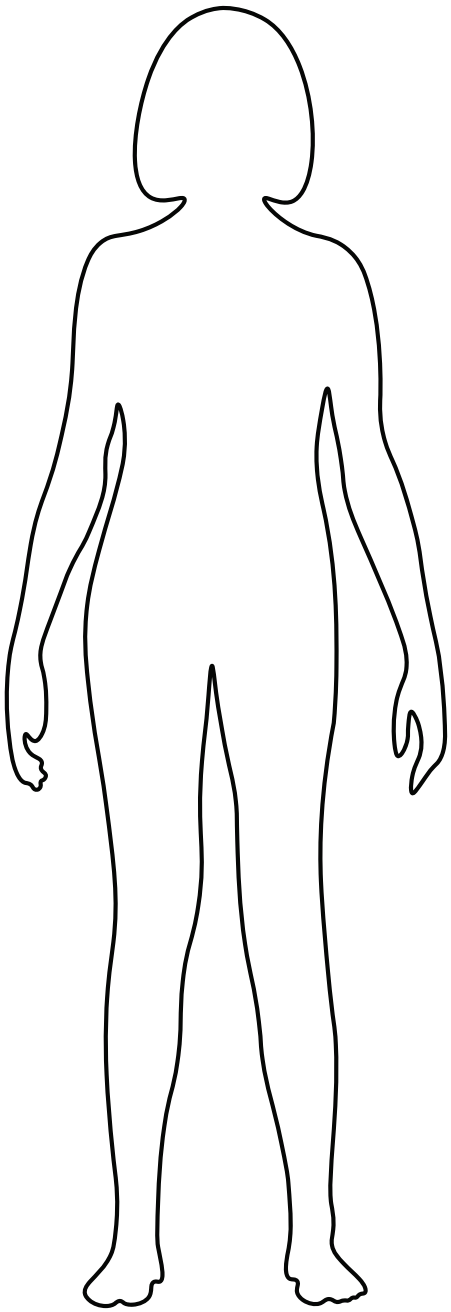
If yes, please specify: _____

Are you able to take over-the-counter antihistamine? (i.e Benadryl) ☐ Yes ☐ No

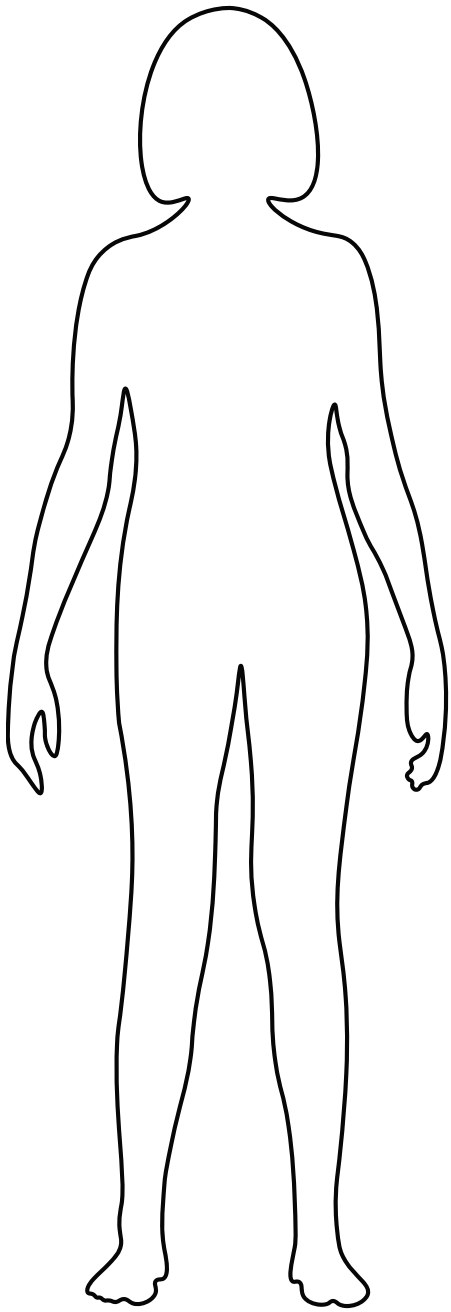
Do you use Retin A or Hydroyl (Glycolic) Acid preparations? ☐ Yes ☐ No

Client and/or Model Signature: _____ Technician Initials: _____ Date: _____

FRONT



BACK



BRAND:

PIGMENTS USED:

CARTRIDGE SIZE:

PRICE:

NOTES: