

RENEWN

Artistry

BEAUTY STUDIO

Clarkesville, GA

PMU Microblading Medical History Form

1. Please Enter Date and Time \*

RENEWN

Artistry

BEAUTY STUDIO

2. Personal Information \*

First Name

Last Name

Address Line 1

Address Line 2 (optional)

Email

Phone

Select Gender (optional) ▼

Birth day:

Month ▼Day ▼Year ▼

Referred by

3. Are you under the influence of Alcohol or Drugs? \*

☐ Yes

☐ No

4. Do you have a past of Alcoholism? \*

☐ Yes

☐ No

5. Do you have a history of MRSA? \*

☐ Yes

☐ No

6. \*If yes, When and Explanation:

Type your answer here

7. Do you have Botox? \*

☐ Yes

☐ No

8. If yes, When and where did you receive botox?

Type your answer here

9. Do you have Tumors/Growth/Cysts? \*

☐ Yes

☐ No

10. \*If yes, Explain:

Type your answer here

11. Do you have Diabetes, any disorder or taking medications that effect the neurological/immune system in fighting infection? \*

☐ Yes

☐ No

12. \*If yes, Explain:

Type your answer here

13. Do you easily bleed? \*

☐ Yes

☐ No

14. Have you had a Forehead/ Brow Lift? \*

☐ Yes

☐ No

15. Have you had or plan on having a Facelift? \*

☐ Yes

☐ No

16. Do you have a Abnormal Heart Condition? \*

☐ Yes

☐ No

17. Difficulty numbing with dental work? \*

☐ Yes

☐ No

18. Do you need to take medication before dental work? \*

☐ Yes

☐ No

19. Are you Pregnant or Chance of Pregnancy? \*

☐ Yes

☐ No

20. Are you Breastfeeding now? \*

☐ Yes

☐ No

21. Have you had Chemical peels in the past? \*

☐ Yes

☐ No

22. \*If yes, How many?

Type your answer here

23. Last Treatment

24. Have you had Brow Lamination or Brow Tinting? \*

☐ Yes

☐ No

25. \*If yes, When was the last treatment?

Type your answer here

26. Do you have an Autoimmune Disorder? \*

☐ Yes

☐ No

27. \*If yes, please describe:

Type your answer here

28. Do you have Oily Skin? \*

☐ Yes

☐ No

29. Have you had Cancer? \*

☐ Yes

☐ No

30. Month/Year?

31. Are you currently go through Chemotherapy/Radiation? \*

☐ Yes

☐ No

32. Do you use Accutane or Acne Treatments? \*

☐ Yes

☐ No

33. \*If yes, what products:

Type your answer here

34. Do you tan frequently? \*

☐ Yes

☐ No

35. \*If yes, What type of tanning do you do?

Type your answer here

36. Are you currently taking blood thinners (Aspirin, Ibuprofen, Alcohol, Coumadin, Etc)? \*

☐ Yes

☐ No

37. If so, which ones:

Type your answer here

38. Have you had allergic reactions to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacain, Benzyl, Alcohol, Carpool, Lecithin, Propylene, Glycol, Vitamin E Acetate, Etc.? \*

☐ Yes

☐ No

39. \*If so, which ones?

Type your answer here

40. Do you have allergies to metals, food, Etc. \*

☐ Yes

☐ No

41. \*If so, which ones?

Type your answer here

42. Do you have any diseases or disorders not listed?

Type your answer here

43. Do you use skin care products containing Retin-a, Glycolic Acid, or Alpha Hydroxy? \*

☐ Yes

☐ No

44. If yes, which ones?

Type your answer here

45. List any medications you are taking (use N/A if not medications are taken)? \*

Type your answer here

If I, the client, have any medical concerns or issues, I will consult a healthcare practitioner at the first sign of infection or allergic reaction; I will also report any diagnosed infections, allergic reaction or adverse reaction resulting from the microblading treatment to the service provider.

I agree that all the above information is true and accurate to the best of my knowledge. \*

☐ I agree to use [electronic records and signatures](#).

Clear

X Customer Signature

Jul 25 2024 - 6:33 PM

Contact the Heath Authority with any complaints, question or concerns regarding safety, sanitation, or sterilization procedures:

Habersham County Health Department  
Environmental Health Division  
130 Jacob's Way STE 102  
Clarkesville GA, 30523  
Phone: 706-839-0276 Fax: 706-754-7127

Submit

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