



Intake & Health History

Client _____ Date of Birth ____ / ____ / ____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Mobile () _____ Home / Work () _____

Preferred method of communication? Text Phone E-mail

E-mail _____

Occupation _____ If we call you at home, do you want confidentiality? No Yes

Emergency contact _____ Phone () _____ Relationship _____

Would you like to be notified regarding promotions? Yes No

Who may we thank for referring you? _____

Procedure(s): Smoky Eyeliner Lash Enhancement Lip Blush Corrective / Removal

Brows: Hair strokes Powder Ombre' Combination

What are your main concerns? _____

What would you like to improve? (Think of shape, color, density, thickness of your perfect brow.)

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Ethnic background (please include all nationalities.) Your ethnic background will provide important insight and information relative to your skin tone and are critical when choosing pigment color(s); please be as detailed as possible.

Have you received chemotherapy or radiation in the past year? Yes No

Have you **EVER** had an allergic reaction to **any** of the following? (check all that apply)

Lanolin Lidocaine Hair Dyes Crayons
Latex Glycerin Food Tattoo pigments
Vaseline Metals Paints None

Medications _____

Other allergies _____

Yes, I want a pigment scratch test. No, I do not want a pigment scratch test.

Yes, I want a scratch test for topical anesthetics? No, I do not want a scratch test for topical anesthetics.

List all medications you are **presently** taking:

Name of drug	Mg. or mcg.	# per day	Why it was prescribed to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all medications you took **in the last six months** that you are **no** longer taking:

Name of drug	Mg. or mcg.	# per day	Why it was prescribed to you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Do you have? (check all that apply)

- Fever Blisters/Cold Sores**
- Glaucoma or other eye disease/disorder
- Dry Eye
- Grave's Disease
- Heart Disease
- Mitral Valve Prolapse
- Valve Implants / Stents / Pacemaker
- Cancer
- Diabetes requiring insulin
- Problems with healing
- Keloids, Hyperpigmentation, Hypopigmentation
- Epilepsy
- Hemophilia or Clotting Disorder
- Autoimmune Disorder
- Pre-existing nerve damage
- Permanent cosmetics
- Trichotillomania (pulling of hair, brows, lashes)
- Alopecia areata, totalis or universalis
- High Blood Pressure / Low Blood Pressure
- Joint replacement(s)
- Organ transplant
- Hepatitis - Type: _____
- HIV / AIDS / Compromised immune system.

Are you? (check all that apply)

- Pregnant / Nursing
- Planning cosmetic surgery
What & when? _____
- Currently under the care of a physician for:

Do you use? (check all that apply)

- Accutane (currently or within the past year)
- Antibiotics prior to dental procedures
- Steroids
- Retin-A, Glycolic Acid, Vitamin C or other Exfoliants
- Tanning Beds – Last visit _____
- Eyelash / brow tinting - When _____
- Latisse (growth serums) - When _____
- Botox - When _____
- Chemical Peels - When _____
- Chemotherapy or Prophylactic dose of Chemotherapy
- Blood Thinners

Have you had? (check all that apply)

- Fever Blisters/Cold Sores (Ever, even one time)**
- Eye Infections (Are you prone to them?)
- Vision Correction (Lasik, etc.) within 3-months
- Heart Attack – When _____
- Stroke - When _____
- Cancer - When _____
- Eye Trauma - When _____
- Seizures
- Fainting Spells
- Hepatitis – Type: _____
- Fat Transfer Injections – Where & when?

- Gore-Tex Implants - Where _____
- Laser Treatments. Type & why?

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Please read the following statements carefully and initial to acknowledge your understanding of each.

- _____ A minimum healing period of 8 weeks is required before a touch-up procedure can be performed.
- _____ Although rare, pigment can migrate under the skin. This can happen during or after the procedure, including months or years later.
- _____ The micropigmentation procedure may be slightly uncomfortable.
- _____ Pigment can appear 30-50% darker than desired result immediately following and the day after procedure.
- _____ Allergic reactions to anesthetic and/or permanent makeup pigments can occur. Seek immediate medical attention in the event of a suspected reaction.
- _____ It is illegal to apply permanent cosmetics to anyone under the age of 18, even with parental consent.
- _____ Infections can occur if aftercare instructions are not followed correctly.
- _____ There may be swelling, redness, bruising or minor discomfort following the procedure.
- _____ Scarring is rare but may occur. This is drastically reduced by following pre-procedure and aftercare protocols as well as providing a complete and accurate medical history.
- _____ I have read, understand and agree to adhere to all Kymberlee's Permanent Makeup & Aesthetics Policies as outlined on their website.

I fully understand the information provided above. I confirm that all the information provided by me is correct and truthful.

Client printed name

Date

Client Signature

Technician Signature

Date

IMPORTANT *Please read:*

Maine Law requires all micropigmentation clients to provide a valid, government issued, photo ID and their social security number. This information is kept on file, in a separate, secure location for a minimum of two (2) years as required by State law. For detailed information regarding these and other requirements, please see DHHS Micropigmentation Rules 10-144 Chapter 211, section 4. MICROPIGMENTATION PROCEDURES and section 7. RECORDS. A copy of these Rules can be found on our website. If you are not willing or able to provide this required documentation, we will not be able to perform any micropigmentation services on you.

For internal use only:

Copy of ID received Social Security number provided

Form of identification _____

ID # _____