Client and Professional Consulting Form

Date: ________________________ Fees discussed: _____________________________

Name: ____

Address: ____

City: _____________________________State: ______ Zip code: __________________

Phone: _____________________ Email: ______________________________________

Areas of interest: ____

Recommended procedure: ____

CHECK IF APPLY:

- ○ **Hepatitis**
- ○ **Aids or HIV**
- ○ **Hemophilia**
- ○ **Excessive Bleeding**
- ○ **Heart Condition**
- ○ **Asthma**
- ○ **Ocular Herpes**
- ○ **Diabetes**
- ○ **Glaucoma**
- ○ **Stroke**
- ○ **Any form of cancer**
- ○ **Cancer treatment**
- ○ **Angina or chest pains**
- ○ **Hypo-pigmentation**
- ○ **Hyper-pigmentation**
- ○ **Thyroid problems**
- ○ **Psoriasis**
- ○ **Kidney Disease**
- ○ **Autoimmune disease**
- ○ **Any semi-permanent makeup procedure**
- ○ **Taking any vitamins**
- ○ **High blood pressure**
- ○ **Accutane treatments**
- ○ **Eczema**
- ○ **Pregnant, breastfeeding or lactating**
- ○ **Cold sore or blister**
- ○ **Dry eyes**
- ○ **Use of contact lenses**
- ○ **Keloid or hypertrophy scars**
- ○ **Allergy of metal**
- ○ **Allergy to lidocaine, tetracaine, epinephrine, hydrochloride or benzocaine**
- ○ **Allergy to topical antibiotic preparations or desensitizers**
- ○ **Sensitivity/Allergy to Latex**
- ○ **Allergies to makeup**
- ○ **Previous problems with tattoos**
- ○ **Any Immunosuppressive Medications**
- ○ **Any use of Retin-A or alpha-hydroxyl skin care products**
- ○ **Exposed to radiation or any other medical interventions through surgery in the last 14 days**
- ○ **Taking any aspirin or blood thinning**
- ○ **Any chemical peel or laser**
- ○ **Requires antibiotics during dental or invasive medical procedure**
- ○ **Epilepsy**
- ○ **Infectious diseases/ high fever**
- ○ **Skin disease/disorder**
- ○ **Hepatitis A, B, C, D, E, G**
- ○ **Drugs or alcohol use**
- ○ **Problems with healing**
- ○ ***Other medical condition:***
- ○ ***Any other allergy:***

( ) skin check ( ) all questions answered

( ) pre procedure instructions ( ) pigment test

_____________________________ _____________________________

Client Signature Professional Signature