



Scalp Micro Arts
2426 Hamburg Turnpike
Wayne, NJ 07470
908.477.9975
info@scalpmicroarts.com
www.scalpmicroarts.com

Today's Date: ___/___/___

Client Info:

Name: _____ Date of Birth: ___/___/___

Email: _____

Address: _____ Apt. #: _____ Home Phone: (____) ____ - ____

City: _____ State: _____ Zip Code: _____ Cell Phone: (____) ____ - ____

Emergency Contact Information:

Name: _____ Phone: (____) ____ - ____

Relationship: _____

Medical History:

Are you pregnant and/or nursing? Y/N

Are you allergic to latex? Y/N

Please indicate if you have had any of the following:

- CANCER HEPATITIS BLOOD DISORDER PSORIASIS HIV ALLERGIES DIABETES
 OTHER _____

List any skin conditions: (e.g. rashes, eczema, infection, psoriasis, freckles, etc.)

Have you had any previous SMP or hair replacement treatments? If yes, please explain.

In the past 6 months have you used Roaccutane / Isotane or Accutane? Y/N

List all medications/supplements that you are presently taking or have taken in last 6 months:

Name of Drug/Supplement	mg	Currently Taking?
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_____	_____	Y/N
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_____	_____	Y/N
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_____	_____	Y/N
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Client Signature: _____ Date: ___/___/___

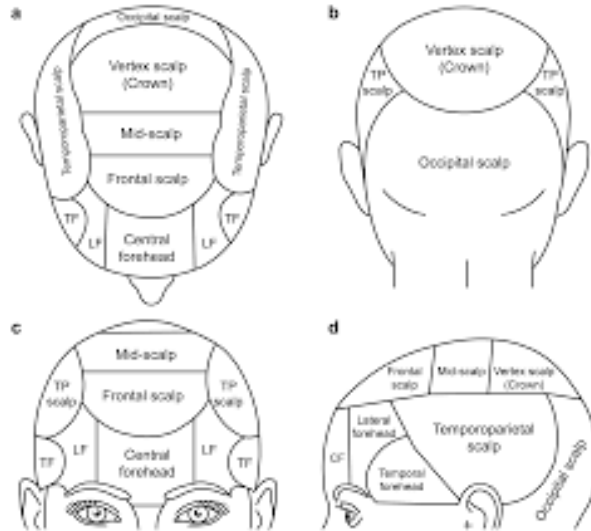
Practitioner Signature: _____ Date: ___/___/___

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Circle Desired Procedure(s):

Full Head Hairline Specific Areas Density Scar Camouflage



Skin type	Skin colour	Characteristics
1	White; very fair; red or blonde hair; blue eyes;	Always burns, never tans
2	White; fair; red or blonde hair; blue, hazel or green	Usually burns, tans with difficulty
3	Cream white; fair with any eye or hair colour	Sometimes mild burn, gradually tans;
4	Brown; typical Mediterranean Caucasian skin	Rarely burns, tans with ease
5	Dark brown; Middle Eastern skin types	Very rarely burns, tans very easily
6	Black	Never burns, tans very easily

Client Signature: _____ Date: ___/___/___

Practitioner Signature: _____ Date: ___/___/___

Pigment Shades

1st Session _____ 2nd Session _____ 3rd Session _____