CLIENT INFORMATION SHEET

LASHHOOKED
Lash and Brow Bar

Contact Information

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____

May we contact you at these numbers if necessary? ☐ Yes ☐ No

Procedure(s): _____

No. of Visit Required: _____ Cost of Procedure(s): _____

Who Referred You? _____

Medical Information

Have you ever had a herpes or cold sore? ☐ Yes ☐ No

If yes, contact your physician for a prescription of ZOVIRAX or some other anti-viral medication.

Signed: _____ (client) Date: _____

Are you currently under the care of a physician? ☐ Yes ☐ No

If yes, why? _____ Physician's Name: _____

Do you take antibiotics when going to the dentist? ☐ Yes ☐ No If yes, why? _____

Do you suffer from: ☐ Allergies ☐ Moles or freckles at site of tattoo ☐ Hepatitis

☐ Heart Problems ☐ Hemophilia ☐ Diabetes ☐ Skin Problems ☐ Scarring (Keloids)

☐ Eye problems ☐ Epilepsy ☐ Other, please explain: _____

Are you presently taking any medication which thins the blood? ☐ Yes ☐ No

Are you taking other medications including anti-depression or mood-altering drugs? ☐ Yes ☐ No

If yes, explain: _____

Are you pregnant or nursing? ☐ Yes ☐ No

Do you wear contact lenses? ☐ Yes ☐ No

If yes, bring glasses to your eyeliner appointment as you cannot put in contact lenses directly after a procedure.

The above is complete and accurate as to my medical history.

Signed: _____ (client) Date: _____