

HEALTH QUESTIONNAIRE

Name: _____ Date of Birth: _____

Address: _____ Prov./State _____ Postal/Zip _____

Home/Cell phone: _____ / _____ Email: _____ @ _____ . _____

What is your preferred method of contact? home / cell / work / email

How did you hear about us? _____

CONCERNS EYES/BROWS

- ___ contact lens (must be removed)
- ___ dry eyes
- ___ blurred vision
- ___ glaucoma
- ___ other eye disorder
- ___ botox, derma-fillers
- ___ laser vision correction
(date: _____)
- ___ blepharoplasty, eye lift
(date: _____)
- ___ using Latisse or lash growth
formula - see notes*

CONCERNS LIPS

- ___ cold sores/herpes - see notes*
- ___ chapped lips
- ___ cosmetic injections (lip fillers)
(date: _____)

ALLERGIES

- ___ topical anesthetic
- ___ latex
- ___ polysporin ointment
- ___ paba (sunscreen)
- ___ other _____

GENERAL HEALTH

- ___ diabetes
- ___ pregnant
- ___ high blood pressure
- ___ thyroid
- ___ alopecia
- ___ auto immune disorders
- ___ bruise easily
- ___ hepatitis (please state type): _____
- ___ HIV (if tested please state pos. ___ neg. ___)
- ___ existing cosmetic or body tattoos
- ___ treated for depression

Are you using blood thinners/anticoagulants, aspirin, ibuprofen, coumadin? _____

Do you use Retin A, Hydroxyl(glycolic) acid? _____ These products will fade tattoos.

Are there any other areas of concern? _____

Do you have any serious medical concerns not outlined above? _____

Do we require a physician's note? (must be on letterhead or RX) _____

On a scale of 1-10 (10 being the most satisfied) how happy are you with your physical appearance? _____

*Please note the following:

1. If you have checked the "cold sore" box and are having a lip tattoo, you must be on an antiviral prescription such as Valtrex.
2. If you are currently using "Latisse" or lash growth formula on lashes/brow you may experience more sensitivity to tattoo.
3. **There are no specific guarantees of any kind with regards to individual retention of tattoo pigment in the skin. Fading and retention will vary from client to client and in no way will the technician be held responsible for the difference in the healed results although every attempt will be made to complete the original procedure to the best of the technicians ability.**
4. **Corrections to a previous tattoo done elsewhere are subject to a "full, new charge" as deemed by the technician.**

CLIENT SIGNATURE: _____ DATE: _____

TECHNICIAN SIGNATURE: _____ DATE: _____