

CLIENT HISTORY FORM

Name				Date		Gender Female / Male		Age	
Address				City		State		Zip	
Occupation				Home Phone			Cell Phone		
How did you select me for your procedure services?				E-Mail					
<p>PMU should only be serviced on qualified clients. If you neglect to disclose a contraindication and show up with any condition that disqualifies you, you will be refused service and your deposit will be forfeited. Please answer the following to the best of your ability. Even if something does apply, it will not automatically disqualify you.</p>									
1	YES	NO	Are you pregnant or nursing?	27	YES	NO			
2	YES	NO	Are you at least 18 years of age?	28	YES	NO	Do you consume aspirin daily?		
3	YES	NO	Have you ever had cold sores or fever blisters?	29	YES	NO	Are you under treatment for depression?		
4	YES	NO	Do you have any allergies to latex?	30	YES	NO	Do you have any type of herpes?		
5	YES	NO	Have you had a laser or chemical peel within 6 months?	31	YES	NO	Are you sensitive to petroleum-based products?		
6	YES	NO	Have you ever had any permanent cosmetics or tattoos applied?	32	YES	NO	If you have permanent cosmetics or tattoos, did you have any problems with healing after they were applied?		
7	YES	NO	Do you bruise easily for no obvious reason?	33	YES	NO	Do you have any transmittable blood conditions such as hepatitis or HIV?		
8	YES	NO	Do you routinely use Retin-A, glycolic, or other exfoliating products?	34	YES	NO	Are you now, or have you ever been on the acne treatment Accutane?		
9	YES	NO	Do you wear contact lenses?	35	YES	NO	Are you wearing a pacemaker?		
10	YES	NO	Are you allergic or sensitive to any metals, for instance metals used for jewelry?	36	YES	NO	Do you take prescription drugs?		
11	YES	NO	Do you have any problems healing?	37	YES	NO	Are you anemic?		
12	YES	NO	Is your skin oily?	38	YES	NO	Do you have a history of skin sensitivities?		
13	YES	NO	Do you use tobacco? If you use tobacco you may heal slower and this affects the timing on scheduling a touchup appointment, if applicable.	39	YES	NO	Are you undergoing or scheduled for radiation or chemotherapy treatment? (Cannot be less than 42 days from the date of treatment.)		
14	YES	NO	Do you have any heart conditions?	40	YES	NO	Do you have allergies to makeup?		
15	YES	NO	Are you diabetic? If so, Type 1 or Type 2?	41	YES	NO	Do you have dry eyes?		
16	YES	NO	Do you have any autoimmune disorders?	42	YES	NO	Do you intentionally tan – Direct sun or tanning bed?		
17	YES	NO	Are you sensitive or allergic to hand creams or body lotions?	43	YES	NO	Do you personally have any history of cancer?		
18	YES	NO	Do you have any skin diseases such as eczema or psoriasis?	44	YES	NO	Do you have a history of stroke or heart attack?		
19	YES	NO	Do you have botox injections?	45	YES	NO	To your knowledge are you allergic or resistant to numbing products that contain lidocaine?		
20	YES	NO	Do you menstruate? If yes: Next cycle date _____	46	YES	NO	Do you hypo-pigment? (Lack of pigment on the skin)?		
21	YES	NO	Do you hyper-pigment? (Tendency to develop dark spots on the skin from wounds or sun)?	47	YES	NO	Are you allergic to hair dyes?		
22	YES	NO	Do you tend to develop keloid or hypertrophy scars?	48	YES	NO	Do you have glaucoma or any other eye disease?		
23	YES	NO	Do you scar easily from minor skin injuries?	49	YES	NO	Do you have arthritis?		
24	YES	NO	Do you have any seizure related conditions?	50	YES	NO	Do you have high or low blood pressure?		
25	YES	NO	Do you tend to faint or become dizzy?	51	YES	NO	Do you have rashes or blisters on the treated area?		
26	YES	NO	Do you bleed excessively from minor cuts?	52	YES	NO	Have you experienced Hepatitis or Jaundice during the past 12 months?		

If you answered "Yes" to any questions above, please be prepared to elaborate and provide an explanation. Correlate your explanations to a specific question number. A "yes" answer does not indicate you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to me as your technician as each person's body is unique, or it may indicate that based on any health conditions that affect healing, it would be advisable or required for you to consult with your physician before proceeding. If this form has not addressed a medical condition you have, please list it on the back.

Client Signature _____ Date _____