



Confidential Medical Profile – Micropigmentation

Name: _____

Date Of Birth: _____

To Avoid Unforeseen Complications, Please Answer the Following Questions:

Are you under 18? yes no
 If so, guardians initials _____
 Are you allergic to any metal? yes no
 Have you had any aspirin or blood thinners in the past week? yes no
 Have you ever had a permanent makeup procedure before? yes no
 Have you taken any mood altering drugs within the last 8 hours? yes no
 Are you on any immunosuppressive medications such anti-inflammatories or steroids? yes no
 Do you have a history of cold sores, herpes, or fever blisters? yes no
 Are you allergic to topical antibiotic preparations or desensitizers? yes no
 Are you sensitive/allergic to latex? yes no
 Is there any history of skin diseases or remarkable skin sensitivities? yes no

Have you had a recent chemical peel or laser? yes no If so, when? _____
 Are you currently taking vitamins A or E in any form? yes no
 Do you have problems healing? yes no
 Are you pregnant or nursing? yes no
 Are you currently undergoing radiation or chemotherapy? yes no
 Are you required to take antibiotics during dental or invasive medical procedures? yes no
 Are you currently using any retin-A or alpha-hydroxy skin care products? yes no
 Do you wear contact lenses? yes no
 (if yes, I understand they must be removed during my eyeliner procedure and should not be replaced until the next day) yes no
 Previous problems with tattoos or has your physician advised you not to have a tattoo at this time? yes no

List all medications you are currently taking:

Please Circle Any Of The Following Which May Pertain To You:

Heart Conditions
Allergies to Makeup
Accutane Treatment
Dry Eyes
Diabetes
Stroke
Chest Pains
Alopecia
Refractive Eye Surgery
Glaucoma
Trichotillomania
Keloid/Hypertrophy of Scars
Epilepsy/Seizures

Shortness of Breath
Autoimmune Disorder
Cancer (Any)
Hepatitis
Jaundice
HIV/AIDS
Kidney Disease
Tendency to Develop Fever
Blisters on the Lip Ocular Herpes
Hyperpigmentation
Hypopigmentation
Tendency to Bleed Excessively From Minor Injuries



List any other medical conditions or issues not addressed above:

Primary Physician's Name: _____ Phone # : _____

By signing below, I acknowledge, understand and agree that:

- The information provided on this form is accurate and complete to the best of my knowledge, and that PSA is not responsible for complications or problems arising from any incorrect or omitted information.
- Some individuals will have complications related to semi-permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. I accept these risks and agree to hold PSA and its employees harmless for same.
- The staff at PSA will use the information provided above to assess my suitability for the proposed micropigmentation services.

Client signature (or guardian if under 18 years of age)

Date