



Semi-Permanent Makeup Health History Form

Semi-Permanent Cosmetics (tattooing), Microblading | Nano-Blading | HyperRealistic Brows are invasive procedures that requires a thorough medical history. Please complete this questionnaire.

Name _____ Age _____ DOB _____

Address _____

Telephone # _____ Email _____

Emergency contact _____ Telephone # _____

Are you currently under the care of a physician? If so, why? _____

Do you have allergies to Lidocaine products? _____ Yes _____ No

Have you had any previous permanent makeup procedure? _____ Yes _____ No

If yes, please specify: _____

Are you pregnant or breast feeding? _____ Yes _____ No

Have you used Accutane within the last 6 months? _____ Yes _____ No

Important*PLEASE LIST ALL ALLERGIES:**

It is Red Cross policy that you cannot donate blood for one year from date of this procedure. If you have had hepatitis in the last 12 months you cannot have this procedure.

Skin Condition/Treatments

___ Skin Cancer *
___ Moles* - ___ Rosacea*
___ Psoriasis*
___ Bruise Easily
___ Heals Normal - ___ Delayed
___ Use Retin A
___ Chemical Peel* 6w
___ Cortisone Creams*
___ Scars* - ___ Keloids*
___ Laser Therapy* 6w
___ Tattoo Removal
___ Cosmetic Surgery within 6M

Medications

___ Anti-Depressants* 50/50
___ Chemotherapy* Dr. Perm
___ Radiation*area _____
___ Aspirin
___ Blood Thinners*over 1mg
___ Pain Pills/Shots/steroids
___ Tranquilizers*
___ Insulin*
___ Anti-Herpes Med
___ Vit E/ Fish Oil
___ Hormone Therapy HRT/RT

Current Health Conditions

___ Good ___ Poor
___ Alopecia
___ Heart Problems
___ Arthritis
___ Pregnant/Nursing*
___ Cancer*
___ Hepatitis
___ HIV Virus
___ Lupus*
___ Diabetes*
___ Alcohol/Drug Abuse*
___ Seizures/Dizziness*

Any other prescription medications or conditions not listed?

SIGNATURE _____ DATE _____