



Brow Me Pretty

NanoBlading . MicroBlading . Nano Brows . WZ Brows

Semi-Permanent Makeup Health History Form

Semi-Permanent Cosmetics (tattooing), Microblading/ Nano-Blading/Nano Brows/ WZ-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 of 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 History

- ___ Skin Cancer *camof
- ___ Moles* - ___ Rosacea*
- ___ Psoriasis*
- ___ Bruise Easily
- ___ Heals Normal - ___ Delayed
- ___ Use Retin A
- ___ Chemical Peel* 6w
- ___ Cortisone Creams*
- ___ Scars* - ___ Keloids*
- ___ Laser Therapy* 6w
- ___ Tattoo Removal
- ___ Seizures/Dizziness*50/50
- ___ Cosmetic Surgery* 6m

Medications

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

Health History

- ___ Good ___ Poor
- ___ Alopecia
- ___ Heart Problems
- ___ Arthritis
- ___ Pregnant/Nursing*
- ___ Cancer*
- ___ Hepatitis
- ___ HIV Virus
- ___ Lupus*
- ___ Diabetes*50/50
- ___ Alcohol/Drug Abuse*

SIGNATURE _____ DATE _____