



TIFFANY TAYLOR

Confidential Medical Profile - Permanent Cosmetics

Name: _____ Date of Birth: _____

Address: _____

TO AVOID UNFORESEEN COMPLICATIONS, PLEASE ANSWER THE FOLLOWING QUESTIONS

Are you under 18? If so, guardians initials	yes no	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 any semi-permanent makeup procedures before?	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 chemical peel or laser? If so, when?	yes no	Are you currently taking any 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? (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 CHECK ANY OF THE FOLLOWING WHICH MAY PERTAIN TO YOU:

Heart Conditions	Allergies To Makeup	Accutane Treatment	Dry Eyes
Diabetes	Allergies To Makeup	Chest Pains	Alopecia
Refractive Eye Surgery	Allergies To Makeup	Trichotillomania	Keloid/Hypertrophy Of Scars
Epilepsy/Seizures	Shortness Of Breath	Autoimmune Disorder	Cancer (Any)
Hepatitis/ Jaundice	HIV	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

Primary Physician's Phone Number:

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

- Tiffany Taylor does not practice medicine, does not accept health insurance, and has made no representation to the contrary;
- The information provided on this form is accurate and complete to the best of my knowledge, and that Tiffany Taylor 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 Tiffany Taylor harmless for same;
- Tiffany Taylor will use the information provided above to assess my suitability for the proposed Permanent Cosmetics services.

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

Date