



Medical Health Form

Name: _____

Address: _____

Mobile: _____ E Mail: _____

Home Number _____ where did you hear about us? _____

Are you 18 years or over Yes No

Medications taken in the last 6 months: _____

I understand I will not take the following 2 days prior to treatment?

Anti-inflammatories e.g. Ibuprofen Yes Alcohol Yes

Aspirin Yes Antibuse Yes

Surgery Address: _____

Allergies: have you ever had an allergic reaction to any of the following:

Metals	Yes	No	Pigments	Yes	No
Foods	Yes	No	Lidocaine	Yes	No
			(if yes no numbing can be used)		
Glycerine	Yes	No (if yes contraindicated)	Antiseptics	Yes	No

Local anaesthetic allergies (which ones) _____

Other allergies (list) _____

Have you had a dental injection to numb your gums	Yes	No
Prior to dental procedures do you receive antibiotic medication? (if yes you will require antibiotics for a lip treatment)	Yes	No
Difficulty with breathing or rapid heartbeat with a dental injection	Yes	No
Have you had chemotherapy or radiation therapy in the last year?	Yes	No
Are you presently pregnant (contraindicated)	Yes	No
Are you presently breast feeding (48hrs express milk post procedure)	Yes	No
MRI scan for the head scheduled in the next 6 weeks	Yes	No
Laser or IPL on the face scheduled for the future	Yes	No
Do you give blood?	Yes	No
Sensitised Reactions To Tattoos Or Permanent Make-up?	Yes	No

Please Mark With a Cross Where Appropriate

Heart Condition		consent only if experience regular- Palpitations	
Mitral Valve Prolapsed –may need antibiotics		Heart Murmur-no epinephrine check numbing ingredients	
Artificial Heart Valves- may need antibiotics		Pacemaker	
Rheumatic Fever		Anaemia (Present)	
Haemophilia		Blood Thinners Or Anti-Coagulants	
High Blood Pressure (Present)		Low Blood Pressure (Present)	
Epilepsy In Last 3 Years		Stroke	
Seizures in last 3 years		Liver Disease	
Kidney Disease		Asthma	
Cancer With In Last Year or chemo/radiation		Tumours, Growths Or Cysts In Last Year	
Leukaemia		Diabetes – insulin dependant	
Prosthetic Hip or Joint –may need antibiotics		HIV- Doctors consent	
Hepatitis (Present)		Systemic Lupus Erythematosus	
Vitiligo That Has Moved In Last Year		Shingles Across Site (Past & Present)	
Auto Immune Conditions- exceptions to alopecia/thyroidism		Tuberculosis (Present)	
Scleroderma (Diagnosed)		Glaucoma- eyeliner only	
Stomach Ulcers (Present)		Watery Eyes	
Cataract (Present) eyeliner only		Eye Infections Regular Or Present	
Dry Eyes-eyeliner only		Ocular Herpes-eyeliner only	
Contact Lenses – eyeliner only		Alopecia	
Refractive Eye Surgery In Last 12 Months		Recent Hair Loss	
Trichollomania		Contagious Disease (Present)	
Nervous / Psychotic Conditions		Fever (Present)	
Impetigo (Present)in treatment site		Not to have -Eyelash & Eyebrow Tinting In Last Month	
Bruise Easily With Minor Injury		Bleed Easily With Minor Injury	
Spray Tan(Present)		Sun Beds And Tanning Regularly	
Sunburn (Present)		Botox In Last 2 Weeks	
Dermal Fillers In Last 2 Weeks		Laser / IPL Close To Site In Last 3 Months-not advisable	
Scar Easily With Minor Injury		Chemical Peel In Last 6 Months	
Scars Heal In Raised Manner With Minor Injury		Dermabrasion Close To Site Last 6 Months	
Keloid Scar With Minor Injury		AHA Skin Preparations In Last 2 Weeks	
Skin Heals Dark With Minor Injury-no lip treatment		Retin A- thins the skin not to be used 4 wks prior	
Accutane Within 6 Months		Chapped Lips-lips only	
Steroids Within 6 Months		Cortisone Within 6 Months	
Haemangioma On Site		Moles In Treatment Site to be avoided	
Cosmetic Allergies		Cold Sores (Herpes Simplex)lips only – medication needed	
Inflammatory Skin Condition In Treatment Area		Condition presently Under Supervision Of Doctor Or Dermatologist	
Undiagnosed Lumps Or Pain In Site		Vomiting / Diarrhoea (Present)	
Cuts Or Abrasions On Site		Scar On Treatment Site	

IMPORTANT NOTE: ALL CONDITIONS THAT ARE IN RED ARE CONTRAINDICATED
ALL CONDITIONS THAT ARE IN BLUE REQUIRE A DOCTORS CONSENT

Client Name.....Signature..... Date.....Artist.....initials...

Fine Tune session.....Artist InitialsDate.....Client signature