



**Confidential Medical Profile - Micropigmentation**

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**To Avoid Unforeseen Complications, Please Answer The Following Questions**

Are you under 18? <input type="checkbox"/> yes <input type="checkbox"/> no If so, guardians initials _____	Are you allergic to any metal? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you had any aspirin or blood thinners in the past week? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you ever had any semi-permanent makeup procedures before? <input type="checkbox"/> yes <input type="checkbox"/> no
Any mood altering drugs within the last 8 hours? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you on any immunosuppressive medications such as anti-inflammatories or steroids? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have a history of cold sores, herpes, or fever blisters? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you allergic to topical antibiotic preparations or desensitizers? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you sensitive/allergic to latex? <input type="checkbox"/> yes <input type="checkbox"/> no	Is there any history of skin diseases or remarkable skin sensitivities? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you had a chemical peel or laser? <input type="checkbox"/> yes <input type="checkbox"/> no If so, when? _____	Are you currently taking any Vitamins A or E in any form? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have problems healing? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you pregnant or nursing? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently undergoing radiation or chemotherapy? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you required to take antibiotics during dental or invasive medical procedures? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently using any Retin-A or alpha-hydroxy skin care products? <input type="checkbox"/> yes <input type="checkbox"/> 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) <input type="checkbox"/> yes <input type="checkbox"/> no
Previous problems with tattoos or has your physician advised you not to have a tattoo at this time? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you allergic to bee stings? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you had any BOTOX or fillers? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you allergic to Aloe vera? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently being treated by a dermatologist? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you allergic to any anesthetics (lidocaine or any other "caines")? <input type="checkbox"/> yes <input type="checkbox"/> 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/Hypertrophic 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	Smoker	Hemophilia	None of the Above

List any other medical conditions or issues not addressed above:

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Primary Physician's Name: \_\_\_\_\_

Primary Physician's Phone Number: \_\_\_\_\_

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

- the staff at Or-Olam do not practice medicine, does not accept health insurance, and have made no representation to the contrary;**
- the information provided on this form is accurate and complete to the best of my knowledge, and that Or-Olam is not responsible for complications or problems arising from any incorrect or omitted information;**
- some individuals will have complications related to semi-permaent 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 Or-Olam and its employees and contractors harmless for same;**
- the staff at Or-Olam 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