



History and Patient Information Today's Date ___/___/___

PLEASE PRINT, complete entirety . You must update this form yearly or when additional services are added. I verify the preceding history and statements are accurate, as current medical history is essential to execute appropriate treatment procedures.

How did you hear about The Fine Arts of Beauty? Magazine ___ Internet Search ___ Local Event ___ Thru a Spa/Salon? Which one? ___ Referral By (name) ___

First ___ Last ___ DoB ___ - ___ - ___

Street ___ City ___ State ___ Zipcode ___

Home Phone ___ Cell ___ E-mail ___

Please date, list and explain circumstances including complications of previous Intradermal or Eyelash Procedures (permanent cosmetics, tattoo shape or color correction, allergic reaction,) ___

Have you ever had any tattoo, or permanent makeup previously? ___ Where? ___

How long ago was that procedure performed? ___

Reason for your visit today: Eyeliner ___ Eyebrows ___ Lipline ___ Full Lip Color ___ Beauty Mark ___ 3-D Areola Tattoo ___ Scar Camouflage ___ Eye Lash Extension ___ Tattoo Removal ___ Other (please explain) ___

Are you pregnant or breastfeeding? Yes ___ No ___

Have you EVER had a Cold Sore? Yes ___ No ___ If yes, you must contact your physician for a prescription of Zovirax Capsules, an antibiotic which prevents cold sores. I understand that it is mandatory if I desire lipline or full lip color procedures.

Allergies-check all that apply:

Lidocaine ___ Self Adhesive Tape ___ Hydrocortisone ___ Antibiotics ___ Latex ___ Triple Antibiotic cream ___ Cosmetics ___ Other ___

Skin Care Products Cleanser ___ Toner ___ Moisturizer ___ Sunblock ___ Anti-Aging Creams ___

Do you consider your skin to be: Dry ___ Combination ___ Oily ___ Extremely Oily ___

Medical History: check all that apply:

Anemia ___ Seizure ___ Active Infection ___ Keloid, raised scarring ___ Vitiligo or skin pigment changes ___ Anxiety ___ Hepatitis ___ Chronic Fatigue ___ Kidney / Liver Disease ___ Heart Disease, Attack, Stroke ___ Implants ___ Diabetes ___ Bleeding tendency ___ Auto-Immune Disease ___ High ___ or Low Blood Pressure ___ HIV/Aids ___ Migraine ___ Drug Addiction ___ Cold sore or Herpes ___ Hormone/ Thyroid Imbalance ___

(Continued)

Skin Disease, lesion _____ Cancer, type? _____ are you currently being treated for
Cancer? _____

**Do you have other Health/Medical/ Psychological conditions or presently under physicians
care?** If yes, please explain _____

Medications:- List all topical, Ingestible, Injectable, over-the-counter (even aspirin) and
Prescriptions, in the last 90 days, including Dosage and Frequency. This can include
Antibiotics, Retinols, Acne, birth control, hormones, or other? Include herbal or Vitamin
Supplements. List any of their side
effects. _____

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Please read carefully => Vital Information

We only use the very finest, sterile pigments available. They **DO NOT** contain **Iron Oxide** and are **MRI SAFE**. Even though we combine this with the most advanced application techniques for our permanent makeup procedures. Some of these procedures need to be repeated because the original application can fade anywhere from 25% to 65%. Individual chemical and genetic makeup can affect the final result.

We cannot accurately predict how much fading you might experience with your procedure

We sincerely hope that you are one of those lucky individuals who get perfect results with only one application, but this cannot be guaranteed. Please remember that the amount of pigment you retain or lose after your initial application is not a reflection of the quality of work. In case your procedure must be repeated, you have to wait at least 21 days for the date of your original application.

UNDER NO CIRCUMSTANCES CAN AN APPLICATION BE REPEATED WITHIN A TIME FRAME OF LESS THAN 21 DAYS

The tissue is not ready to absorb new pigment

PRICES QUOTED FOR YOUR ORIGINAL PERMANENT MAKEUP IS FOR YOUR ORIGINAL PERMANENT MAKEUP PROCEDURE

Not all customers need touch-ups. Our prices are competitive, so you don't have to pay extra for something you may not need.

