



JAN BEARD ESTHETICS, INC

Confidential Medical Profile-Micropigmentation

Name: _____

Date Of Birth: _____

Address: _____

To Avoid Unforeseen Complications, Please Answer The Following Questions

Are you under 18? yes no If so, guardians initials _____

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

Any mood altering drugs within the last 8 hours? yes no

Are you on any immunosuppressive medications such anti-inflammatories or steroids? 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 skin sensitivities? yes no

Have you had a chemical peel or laser? yes no
If so, when? _____

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
- Stroke
- Chest Pains
- Alopecia
- Refractive Eye Surgery
- Glaucoma
- 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 or 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:

The information provided on this form is accurate and complete to the best of my knowledge, and that Jan Beard Esthetics, Inc 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 Jan Beard Esthetics, Inc harmless for same.

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

Date