

Please Answer the following

Questions

Y (YES) OR N (NO)

___ Do you have previous permanent makeup? If so, when? _____

___ Have you had aspirin or blood thinning medications/supplements within the last 7 days?

___ Do you take antidepressants or other mood-altering medication?

___ Have you had a chemical or laser peel? If so, when? _____

___ Do you have any problems with healing?

___ Do you ever get fever blisters or cold sores?

___ Are you currently undergoing radiation or chemotherapy?

___ Are you currently using Retin-A or AHA skin products or on Accutane? Please specify. _____

___ Do you wear contact lenses?

___ Have you had caffeine products in the last 24 hours?

___ Are you taking any medication, including immunosuppressive, such as anti-inflammatory medications or steroids?

___ Are you allergic to topical antibiotic preparation? (Polysporin, Bacitracin, Neosporin, or 'caine' family of drugs, or petroleum-based products (Vaseline)?

___ Is there any history of skin-diseases or remarkable skin sensitivities?

___ Are you pregnant or nursing?

___ Are you presently taking Vitamins A, E or fish oil in any form?

___ Are you required to take antibiotics during dental or invasive medical procedures?

___ Do you have any heart conditions?

___ Have you had botox or injectables? If so, when? _____

___ Do you have Alopecia?

___ Do you have Hepatitis?

___ Do you have Diabetes?

___ Any tendency to bleed excessively from minor cuts?

___ Do you have Epilepsy/seizures of any kind?

___ Do you have Autoimmune Disorders?

___ Do you currently have or have you had Cancer? If yes, please explain. _____

___ Do you have HIV? **

Please list any other medical conditions, and list all food and drug allergies below:

**If your CD4 count, which is basically a cellular measurement of your body's ability to fight off infection, is low then there could be an increased risk of infection while your tattoo is healing.