Art Institute of Permanent Cosmetics Medical History

Today's Date:_____ Email:_____

Name _____ Age_____
Last Middle Init. First

Date of Birth_____ Sex _____

Address _____Phone:_____
Street City State Zip

Mobile # _____Occupation: _____

Emergency Contact:_____ Phone #_____

Heritage:_____

What is your area of concern or what do you request be performed?

_____

ALLERGIES: (medications, creams, adhesive tape, ointments, milk, apples, citrus, grapes, aloe vera, etc.)
Please List_____

What reactions have you experienced from an allergy? _____

Current Medications:_____

Have you had Lasik or any form of corrective eye surgery? _____

Dates:_____ Problems with anesthesia? (Local or General)_____

Do you have problems numbing? _____Are antibiotics necessary for dental visits?_____

Have you ever had:

	Yes	No		Yes	No
High blood pressure	____	____	Liver Disease	____	____
Heart problems or stroke	____	____	Cancer	____	____
Angina	____	____	Varicose Veins	____	____
Shortness of breath	____	____	Anemia	____	____
Pulmonary Embolism	____	____	Asthma/Bronchitis/Emphysema	____	____
Migraine Headaches	____	____	Fever Blisters	____	____
Hemophilia	____	____	Blood Transfusion	____	____
Stomach Problems	____	____	Yellow Jaundice	____	____
Arthritis	____	____	Hepatitis	____	____
Bell's Palsy	____	____	Facial Nerve Damage	____	____
Epilepsy	____	____	Glaucoma/Cataracts	____	____
Are you HIV positive?	____	____	Glasses/Contacts	____	____
Diabetes	____	____	Mitral Valve Prolapse	____	____

Art Institute of Permanent Cosmetics Medical History

Have you ever received radiation treatment? _____ Explain:_____

_____

Primary Care
Physician:_____
Name Address Phone Number

Are you currently under the care of a physician? _____Physician's Name:_____

Problem being treated? _____

Are you pregnant? _____ How many months?_____

Skin Care

Are you presently, or have you ever taken Acutane, Retin-A or Glycolic Acid?_____
How long ago?_____

Have you had collagen injections (Botox, Restylane, Juvederm, etc.) lately?_____ If so, when was your last injection? _____

What skin care products do you use? _____

Have you ever had a peel before? _____What kind?_____

Describe your reaction: _____

This office has a no refund policy. Payment is required on missed appointments without 24 hour notice of cancellation. Appointments requiring more than one hour of time may require a deposit.

Whom may we thank for referring you? _____

Signature: _____Date: _____

*Please read:

One complimentary touch up is provided within 3 months of the initial procedure per client. For optimal results, this touch up should be done within 4-6 weeks of the initial procedure. Future additional touch ups will be done for a nominal fee as follow:

(Per visit)
Within 1 year $75.00
1-3 years $100.00
3 + years $150.00

**This pricing is valid thru December 2014*