



PERMANENT MAKEUP & EYELASH ARTISTRY
 1617 Kapiolani Blvd. #204, Hon, HI 96814
 Phone: 808-368-3709 Web: alluringllc.com

Medical History Form

PLEASE CHECK BELOW IF APPLICABLE:

- Glaucoma
- Hepatitis A B C D
- Hypertension (high blood pressure)
- Herpes Simplex I (fever blisters or cold sores on face) For lip procedure only
- Heart Problem
- Keloid
- Dermatitis (itchy, scaly, red skin)
- Hemophilia
- Any blood disease? If so, please list: _____
- Diabetes – If yes, do you take insulin? Yes or No
- Have you ever taken one or any of the following: Zovirax, Valtrex, Famvir (RX only from physician)

Do you wear contact lenses? Yes or No (If doing eyeliner procedure, contacts need to be removed)

Any Botox, Juvederm, Restylin, or any implant substances injected into your face? Yes or No

Any plastic surgery or planning to do one in the future? Yes or No – What area? _____

Are you allergic to Tea Tree lotion, Petroleum jelly, Bacitracin, Neosporin, or any healing/antibiotic ointment?

Yes or No

Are you allergic to any anesthetics (Epinephrine, Lidocaine, Marcaine, Xylocaine, Teracaine, Benzocaine)? Yes or No

Are you allergic to latex? Yes or No

Other allergies – Please list: _____

Are you taking any non-prescription drugs? Yes or No – Please list: _____

Please list any medications you are currently taking: _____

Are you taking any medications or topical for acne? Yes or No

Accutane? Yes or No Other: _____

Are you using facial soap with Salicylic Acid, Vitamin C, Whitening Products, Enzymes, Exfoliation? Yes or No

Other: _____

*I certify that I am not pregnant or nursing at this time. _____ INTIAL

FYI: According to American Red Cross/ Hawaii Blood Bank, you're not able to give blood for one year from the procedure date.

Print Name: _____ Signature: _____ Date _____

OFFICE USE ONLY

Date _____ Procedure _____ Amount Charged \$ _____ Follow-up Charge \$ _____

Cup #1 Pigment Brand & Color _____

Cup #2 Pigment Brand & Color _____

Cup #3 Pigment Brand & Color _____

Needle Size _____ Machine _____ Hand Method _____ Technician _____

Swelling _____ Bleeding _____ Bruising _____ Apprehensive _____ Numbed _____ Pain Tolerance _____

Notes