Lasting Lines

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CONFIDENTIAL CLIENT MEDICAL HISTORY

Last Name_____First_____Middle_____

Address:_____

City:_____State:_____Zip:_____

Cell: _____Home: _____ Work: _____

Physician:_____Phone:_____City_____

Are you under a doctor's care right now? _____If yes, for what reason?_____

Date of last cycle (for sensitivity reasons):_____Stage of pregnancy if applicable:_____

How did you hear about us?_____

Birthdate:_____/_____/_____ You must be 18 years or older OR accompanied by parent or guardian with ID.

Email address (print clearly please):_____

Eyelash extensions cannot be worn at the time of your eyeliner procedures. Eyelash vitamins cannot be used 2 months prior to your eyeliner procedure. They may be resumed 2 weeks after your eyeliner procedures are done. Eyelash vitamins, such as Latisse,.are wonderful product but may cause much discomfort during the eyelash procedure since they stimulate the nerve endings and make the area very sensitive.

Questionnaire: Please check the boxes below even if it has only happened once in your life.

❑ Diabetes	❑ Tuberculosis (TB)	❑ Cancer	❑ Chemotherapy	❑ Heart Attack	❑ Stroke
❑ Epilepsy/Seizures	❑ Asthma	❑ Arthritis	❑ Heart Surgery	❑ Heart Murmur	❑ Any Eye Problems
❑ Jaundice	❑ Anemia	❑ Hay Fever	❑ Allergies	❑ Pacemaker	❑ Eye Infections
❑ Blurred Vision	❑ Retina Transplant	❑ Radial Keratotomy	❑ Contact Lenses	❑ Severe Headaches	❑ Glaucoma
❑ Rheumatic Fever	❑ Blood Transfusions	❑ Hepatitis	❑ Lupus	❑ HIV/AIDS	❑ Respiratory Problems
❑ Chemical Peels	❑ Microdermabrasion	❑ Collagen	❑ Eczema	❑ Retina A	❑ Glycolic Acid
❑ Anxiety Attacks	❑ Hemophilic	❑ Radiation	❑ Keloids	❑ Mental Disease	❑ Alcohol Abuse
❑ Shingles	❑ Fever Blister	❑ Cold Sores	❑ Kidney Problems	❑ Breast Lumps	❑ High Blood Pressure
❑ Sinus Problems	❑ Fluid Retentions	❑ Joint Replacement	❑ Do you Smoke	❑ Alopecia	❑

Please list any serious medical condition(s) that you have.

Are you allergic to any of the following drugs.

❑ Benadryl	❑ Aspirin	❑ Petroleum	❑ Antibiotics	❑ Tetracycline	❑ Benzocaine	❑ Codeine	❑ Sulfa
❑ Lidocaine	❑ Penicillin	❑ Neosporin	❑ Cortisone	❑ Zylocaine	❑ Latex	❑ Bacitracin	❑ Erythromycin
❑ Tylenol	❑						

Others not listed:_____

Please check ALL medications you are now taking.

❑ Blood Pressure Pills	❑ Tranquilizers	❑ Insulin	❑ Cortisone	❑ Headache Pills	❑ Aspirin
❑ Blood Thinning Pills	❑ Antibiotics	❑ Steroids	❑ Hormones	❑ Arthritis Medication	❑ Diabetic Pills

Others not listed:_____

My signature below constitutes my acknowledgment that ALL the above information contributed by me is accurate to the best of my knowledge. I also understand that if I am under doctor's care for certain medical conditions, I may need to wait until my doctor gives me the OK.
Example: eyeliner cannot be done if you recently had eye surgery and are still under doctor's care.

Signature:_____date:_____