CLIENT PERSONAL RECORD & MEDICAL HISTORY

Name: _____

Address: _____

Email: _____

Phone: _____

Occupation: _____

Date of Birth: _____

Medical History (Please mark Y for "Yes" and N for "No"):

___Allergies	___High Blood Pressure	___Cancer
___Hepatitis	___Heart Problems	___Keloid Scars
___Menopausal	___Skin Peel (Date: _____)	___Jaundice
___Iron Deficiency	___Hypoglycemia	___Skin Disorder
___Breastfeeding	___Hemophilia	___HIV
___Pregnant	___Botox (Date: _____)	___Regular Menstrual Cycle
___Diabetes	___Fillers (Date: _____)	___Anemia
___Thyroid Disease	___Cold Sores/Shingles	___Asthma

Are you currently:

___On Accutane/Tretinoin?	___Planning a Botox treatment?	___On Blood Thinner?
___Planning Filler treatment?	___Planning an MRI in the future?	___Prescription Skin Care?

Please list current medications:

_____ _____ _____

_____ _____ _____

I acknowledge that any information contributed by me is true, to the best of my knowledge, and that present conditions of the area that has been treated or will be treated is stated on this record. I fully understand that Jacqueline Pruitt Permanent Makeup only provides beauty services; there is no medical treatment involved.

I realize that with any beauty service, there may be certain risks which must be understood. I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree to hold Jacqueline Pruitt Permanent Makeup and Salon Bellissimo, their employees and agents, free from any and all claims or suits for damage, for injuries, or for complications resulting from any beauty service provided by Jacqueline Pruitt Permanent Makeup. I understand that any spot removal/skin revision work performed may result in minor scarring and/or loss of natural skin pigment _____(initial).

The nature and purpose of the beauty services, the risks involved, and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

Client Signature

_____

DATE	SERVICE	NOTES	INITIALS
