

PATIENT MEDICAL HISTORY FORM

NAME _____ DATE OF BIRTH/AGE _____

ADDRESS _____ POST CODE _____

EMAIL _____

H PHONE _____ M PHONE _____

EMERGENCY CONTACT NAME _____

MEDICAL HISTORY [Please read carefully & answer honestly]

- | | | |
|---|---|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cold Sores/Herpes/Shingles | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sulphonamide allergy | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Chapped Lips | <input type="checkbox"/> Eye Problems |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Scarring (Keloids) | <input type="checkbox"/> Dry/Sensitive eyes |
| <input type="checkbox"/> Blood Clotting Problems | <input type="checkbox"/> Moles or freckles at site | <input type="checkbox"/> Breast Feeding |
| <input type="checkbox"/> Hepatitis /liver disease | <input type="checkbox"/> Eczema | <input type="checkbox"/> Pregnant |
|
 | | |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Life Threatening allergies | <input type="checkbox"/> Keloid scarring |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Surgery in past 3 months |
| <input type="checkbox"/> Take fish or krill oil | <input type="checkbox"/> Lash enhancement serum | <input type="checkbox"/> Collagen or facial filler |
| <input type="checkbox"/> Lupus or Cancer | <input type="checkbox"/> Methemoglobinemia | <input type="checkbox"/> Cosmetic Surgery |
| | <input type="checkbox"/> Disease of nerves | |

List Medications _____

GP NAME _____

PRIVACY & CONFIDENTIALITY

I acknowledge that when providing the information in this form I consent to the use of this information for provision of services by the Therapist. I consent to the Therapist contacting my General Practitioner regarding any aspect of my Medical History where it may influence the treatment to be provided. I consent to the uploading of my personal information to a cloud computer network. The information in this form and associated with the treatment will be held in accordance with the Australian Privacy Principles & the Privacy Statement located on the website or on request from the Therapist. I agree to the Terms & Conditions by signing here:

Patient signature: _____ Date: _____

CLIENT TREATMENT PLAN

I _____ am over the age of 18. I am not under the influence of drugs or alcohol. I cannot donate blood for 4 months post procedure due to Australian Health regulations. I agree after procedure that I will adhere to the aftercare that will be provided. I understand that I am taking full responsibility for this procedure myself. I consent to have the following procedure performed on myself:

Signed.....Date.....

SEMI-PERMANENT PROCEDURE REQUIRED

- Shadow Brow
- Brow/Microblading
- Eyeliner Top
- Eyeliner Under
- Lip Line
- Blend
- Full Lip
- Breast
- Scalp
- Skin Needling
- Beauty Spot
- Camouflage
- Repair of previous tattoo

TREATMENT SUMMARY

<input type="checkbox"/> Needle Size _____	<input type="checkbox"/> Pigment Colour & Batch _____	<input type="checkbox"/> Fee \$ _____
<input type="checkbox"/> Machine _____	<input type="checkbox"/> Topical Anaesthetic used _____	<input type="checkbox"/> Date of test patch _____

RISKS ASSOCIATED WITH SEMI-PERMANENT PROCEDURE

- I understand that all semi-permanent procedures carry with them the possibility of complications and consequences including but not limited to fading of skin pigments, risk of infection, scarring, eye damage, inconsistent colour, and bruising. I do not have any skin condition that may affect the area of tattoo.
- If I would like the best results from the procedure, then I will need to book in for a 4-6 week follow up.
- I understand that the actual colour of the pigment may be modified slightly due to the tone of my skin.
- I understand that having a lip procedure may inflame cold sores, especially if I suffer from cold sores.

INTERPRETING CLIENT HISTORY FORMS- CONTRAINDICATIONS

The new stringent client health forms have come about due to the recent problems with therapists using too much topical Anaesthetics on their clients without having knowledge of their existing medical health and knowledge of what can happen if too much Anaesthetic gets into the blood stream. Whilst this appears very involved it will stop people in the industry without training causes health problems in their clients.

Diabetes: Clients who are diabetic have a slower healing time and we recommend checking with their doctor before a procedure.

Blood Thinners: Clients will bleed and this will hamper the pigment staying in the skin. Ask clients when booking for their procedures. They will need to be off their medication for at least 7 days, always get them to check with their Doctor.

Aspirin and Fish Oil capsules: Both thin the blood. Advise stopping at least 7-10 days before their procedure. Once again this thins the blood.

Heart Palpitations: Any anaesthetic we use can go into the blood stream, advise clients if they suffer from palpitations that they may experience this especially if they are nervous and stressed.

High Blood Pressure: Client should check with their Doctor.

Lupas, Haemophilia, Disease of nerves or muscles, Autoimmune condition and seizures are all contraindications

Facial Surgery: Do not work on an area of the face that has had surgery within 3 months.

Pregnancy: Do not work on any client who is pregnant as anaesthetic can have unwanted effects.

Breast Feeding: Do not work on clients anaesthetic can pass through the blood system to the baby

Glaucoma: Check with their Doctor.

Eye Disorders: The likes of an infection, do not work on the eye areas till clear.

Lash Enhancement Serum: Client must stop using for at least 3 months as this product thickens the actual skin of the eyelid and presents a barrier to our pigments.

Cold Sores: Do not work on clients with an active cold sore and advise taking an oral tablet Famvir

Collagen Injections and Fillers: Both present barrier to colour holding.

Vitamins: Many vitamins thin the blood ask clients to stop for at least 7 days prior

Section I – Allergies: We would prefer that no one in our offices ever have an allergic reaction, but they do occur. This list is an effort to head off reactions to common allergens.

Tetracaine and lidocaine are anaesthetics which may cause reactions when used topically as they enter the blood stream they can make the heart race with palpitations.

Metals especially nickel and foods are other common allergens. With the increased marketing of organic pigments, those allergic to fruits or vegetables could conceivably react if these plants are used as pigments. Choose iron oxide for safer results.

It is important to know the type of reaction your client has – localised hives, allergic contact dermatitis, or generalised hives with difficulty breathing and/or fainting. Obvious agents which cause reactions should be avoided.

Section II – Eyes: A few points here:

Contact lenses should be removed prior to the application of cosmetic tattoos as pigment could get underneath the lens and cause corneal abrasions.

Those with dry eyes may need additional rinsing after tattooing and lubrication for a few days after. Every client should have an individual eye drop placed in their eyes before during and after any eye procedure.

Lash Enhancement Serum will place a barrier within the skin. The client will need to be off this for at least 8 weeks prior to the treatment.

Section III – Lips:

Lips are especially sensitive and great care should be taken to get to know your client's history prior to any lip work.

Lips that are inflamed for any reason – chapped lips, collagen or fat injections, may not take pigment as well as normal lips and can become worse.

Tattooing can reactivate these herpetic infections and allow spread over the entire tattooed area. Clients, who suffer from this complaint, should be made aware of this. You should also advise that they should be taking a preventive medicine.

Section IV – Skin:

Skin issues should always be considered.

Problems with prior tattoos, for example, allergic reactions or failure to take pigment, should alert you to the possibility of these occurring again.

Herpes, Shingles, Keloid scars, Moles are all contraindications

Tanning by any method will fade some pigment colours and will speed the loss of others. Individuals who tan easily may manifest hyperpigmentation in the area tattooed. Generally, this fades on its own over weeks to months, but can in many cases be prevented by use of topical agents such as Retin A, hydroquinone, and broad-spectrum sunscreens. Retin A should probably be avoided after tattooing until the area is healed. Retin A may cause some irritation and inflammation and lead to decreased pigment absorption. The same is true for any potentially drying or irritating topical product.

The history of chemical or laser peeling is quite important. These peels may cause prolonged inflammation on the skin, may leave hyper- and hypo- pigmentation, or cause scarring. Inspect this skin carefully before tattooing. In addition, you should counsel your clients that peels after tattooing will probably cause the pigment to lighten.

Any scar that remains pink or red, has not completely matured and is therefore subject to further change. You should only work on mature, pale white scars.

Section V – General Medical: medical issues should be analysed if unsure seek the client's Doctors permission.

Blood thinning drugs, clotting disorders, and high blood pressure may cause excessive bleeding AS WILL FISH OIL CAPSULES.

Diabetics and those with autoimmune disorder may manifest poor wound healing. For diabetics, this is especially true if their blood sugar is poorly controlled.

Clients with mitral valve prolapse, artificial heart valves or artificial joints are often placed on prophylactic antibiotics during dental or surgical procedures to prevent these valves and prosthetics from becoming infected. If your client uses antibiotics when visiting the dentist, she/he should be on antibiotics for cosmetic tattooing as well. If in doubt, call your client's physician and ask what they would like to do in this situation.

“Palpitations” is a layman's term for cardiac arrhythmias. Generally, those who have significant arrhythmias are aware of this and may be on medication. Others may simply feel pounding in their chest, which may happen with stress or pain. Make an extra effort to help these clients relax and minimise their level of stress.

Accutane has been reported to increase the risk of hypertrophic scar formation after chemical peels and dermabrasion. Allow 6 months before tattooing these clients.