

SKIN: Check all of the following that apply.

- Any other tattoos - Location: _____
- Age of tattoo: _____ Any problems: _____
- Use of sunlamp/tanning bed/suntan outdoors Currently tanned in the area being treated.
- Currently use Retin A - Location: _____ Currently using glycolic acid, AHA or Retinol?
- Injectables such as Restylane, Juvederm or other fillers? _____
- Ever had a chemical peel? When: _____ Type of peel: _____
- Do you have a scar you want camouflaged? Age of Scar: _____
- Any keloid or hypertrophic scars? - Location: _____
- Do you bruise or bleed easily? Do you have healing problems?
- Other active skin disorders? Describe: _____
- _____

GENERAL MEDICAL: Check all of the following that apply.

- Diabetes Heart Palpitations
- High blood pressure Mitral valve prolapse or valve implants
- Pregnant or nursing Hemophilia or other clotting disorders
- Taken Accutane within the last 6 months
- Currently on blood thinners or anticoagulants such as Coumadin, aspirin, ibuprofen, alcohol? _____
- Autoimmune disorders - describe: _____
- Do you have a condition such as Hepatitis, HIV or undergoing treatment such as chemotherapy that could affect healing?

- Seizures - describe: _____
- Current use of controlled substances - describe: _____

Please list any surgeries: _____

If you are planning cosmetic or other surgeries/procedures in the near future, describe: _____

List all medications, prescription and non-prescription that you have taken in the last two weeks: _____

If you are currently under a physician's care for any condition, describe: _____

Physician's Name: _____ City: _____ Phone: _____

This history has been reviewed by the technician and my questions have been satisfactorily answered. I have also received and reviewed a copy of the Pre-Procedure Information Sheet and the After Care Sheet. I understand them and agree to follow them.

Signature: _____ Date: _____