



MEDICAL HISTORY

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Email: _____ Phone: (____) ____ - _____

To avoid unforeseen complications, please answer the following questions:

- YES NO Are you of legal age (21)? Legal guardian initials: _____
- YES NO Are you pregnant?
- YES NO Have you had any alcohol within the last 8 hours?
- YES NO Have you had any mood altering drugs within the last 8 hours?
- YES NO Do you have any history of cold sores, herpes or fever blisters?
- YES NO Are you allergic to any of the Caine family of drugs?
- YES NO Are you sensitive to Latex?
- YES NO Have you ever had a reaction to products with a petrolatum base?
- YES NO Do you have oily skin?
- YES NO Have you had a chemical or laser peel?
- YES NO Do you have problems with healing?
- YES NO Do you have Lupus or any skin disorder that is not visible?
- YES NO Have you had previous problems with your tattoos?
- YES NO Are you currently undergoing radiation therapy?
- YES NO Are you currently using Retin-A or Glycolic skin care products?
- YES NO Has your physician advised you not to have a tattoo at this time?

EXPLAIN: _____

PHYSICIANS NAME: _____ Phone: (____) ____ - _____

Everlasting Makeup LLC Kerry Grise makes no attempt to , or claim to practice medicine. Some individuals will have complications related to permanent make-up application. These complications are usually mild and last only a few days, however, extreme complications are always a possibility. Ultimately, if you are healthy, the decision to have or not to have a tattoo is up to you. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve the design and color selection before Everlasting Makeup LLC Kerry Grise will apply your permanent make-up. By signing this agreement, I will not hold Everlasting Makeup LLC Kerry Grise liable for any complications due to having permanent makeup or any other procedure offered.

Customer Signature: _____ Date: _____