



Health History Questionnaire

(All new clients – all procedures)

In order to perform the facial skin treatment in a safe manner, please answer the following health questions. All questions contained in this questionnaire are strictly confidential.

Name	DOB M/F	Address
City ,Province	Home # Cell #	E-Mail Address

Personal History		
Do you smoke?	Yes	No
Are you or could you be pregnant? Are you breast feeding?	Yes	No
Do you suffer from any blood disorders (Thrombosis, hemophilia, anemia etc)?	Yes	No
Do you have any type of Hepatis?	Yes	No
Are you HIV positive?	Yes	No
Do you suffer from any skin condition (rosacea, impetigo, erysipelas, lupus, scleroderma, or any other disease?)	Yes	No
Do you have a history of skin sensitivity, including eczema or atopic dermatitis?	Yes	No
Do you have allergies to medications, food, metals, makeup or any other compound?	Yes	No
Do you have any autoimmune diseases?	Yes	No
Do you suffer from any acute or chronic infection disease?	Yes	No
Are you prone to cold sores or fever blisters?	Yes	No
Do you have epilepsy or any other seizure-related condition?	Yes	No
Do you have any heart related problems?	Yes	No
Do you take any prescribed medications on a daily basis (e.g. aspirin, anticoagulants)? Are you diabetic or on any form of immune suppressant therapy? Please list:	Yes	No
Are you wearing a pacemaker?	Yes	No
Do you have any problems healing from wounds?	Yes	No
Do you tend to develop keloid or hypertrophic scars?	Yes	No
Do you suffer from fainting, blackouts or seizures?	Yes	No
Have you consumed drugs or alcohol in the past 24 hours?	Yes	No
Did you undergo surgery or any other medical procedures in the last 14 days?	Yes	No
Have you had a Botox injection within 6 months? If so, which area?	Yes	No
Have you had a laser or chemical peels within the last 6 months? If so, which area?	Yes	No
Have you ever had permanent makeup or any cosmetic treatment? If so, which area?	Yes	No
Do you routinely use retinol-a, glycol or other exfoliation products?	Yes	No

Do you wear contact lenses?	Yes	No
Is your skin oily?	Yes	No
Will you have your period at the time of the treatment?	Yes	No
Do you have a tendency to develop dark spots on the skin from wounds or sun?	Yes	No
Do you scar easily from minor skin injuries?	Yes	No
Do you bleed excessively from minor cuts?	Yes	No
Do you have prosthetics?	Yes	No
Have you had any problems with healing after cosmetic treatment, such as permanent makeup application?	Yes	No
Do you have a history of cancer?	Yes	No
Are you currently undergoing radiation or chemotherapy treatment?	Yes	No
Are you now or have you ever been on the acne treatment Accutane? If yes, when was your last dose?	Yes	No
Do you have any medical conditions that has resulted in a medical professional requiring you to pre-medicate with an antibiotic prior to a dental or other invasive procedure?	Yes	No
(Microblading only): Have you ever had a cosmetic tattoo or microblading procedure before?	Yes	No
(Microblading only): What would you like to improve about your eyebrows? Consider shape, colour, density and thickness:	N/A	N/A
(Microblading only): Do you have moles/raised areas in or around the brow area?	Yes	No
(Microblading only): Do you have a piercing, or have you had a piercing, in the brow area?	Yes	No
(Microblading only): Have you ever had a hair transplant for your eyebrows?	Yes	No
(Microblading only): Have you ever had a cosmetic tattoo or microblading procedure before?	Yes	No

Please list any allergies:

If you answered “yes” to any questions above, please use this space below or a separate paper to provide an explanation.

Is there any other information we should know about before starting any treatments on you?

A “yes” answer does not indicate that you are not an acceptable candidate for this procedure; it may simply be information that is valuable to the Aesthetician as each person’s body is unique. In some circumstances, it may be advisable or required for you to consult with your physician before proceeding.

(Microblading only)

Please read the following statement carefully:

Microblading is a way of cosmetic tattooing, intending to be semi-permanent lasting on average of 12-36 months. On rare occasions, the pigment may migrate under the skin. The procedure of microblading may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment after the full procedure. Allergic reactions to anesthetic can occur. Permanent cosmetics cannot be performed if you are pregnant or nursing, or on anyone under the age of 18. Infections can occur if aftercare instructions are not following correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur.

I have received after care information and I’m fully aware of the aftercare procedures. I fully understand the information provided above and confirm that all information provided by me is correct and truthful. Initial _____

I have read and agreed to the above:

Client Name
Client Signature
Date
Aesthetician Signature