Everlasting Makeup Services

Sharon Highstone

www.SharonNiles.net

(321)459-0202

MEDICAL HISTORY

Client Name:	Address:		
Phone: (day) (eve)	City:	State:	Zip:
Referred By:	Age: Date of Birth:		
Procedures:	Fees: $	Client Initial:	

Check YES or NO to all items as they apply to you on a regular or recent basis:

	YES	NO		YES	NO
Take Aspirin?	☐	☐	Take Vitamin E or Fish Oil?	☐	☐
Take Coumadin or Blood Thinners?	☐	☐	Wear Contact Lenses	☐	☐
Take Recreational Drugs?	☐	☐	Do you Smoke?	☐	☐
Take Cortizone/Steroids?	☐	☐	Do you have Cosmetic Allergies?	☐	☐
Take Blood Thinner?	☐	☐	Dental Anesthetic Allergy?	☐	☐
Take Anti-Inflammatories?	☐	☐	Any Other Allergy? _____	☐	☐
Take Tranquilizers?	☐	☐	Are you Pregnant?	☐	☐
Take Hormones?	☐	☐	Are you Hemophilic?	☐	☐
Take Antibiotics?	☐	☐	Can you take BENADRYL?	☐	☐
Take Blood Pressure Medication?	☐	☐	Alcohol within last 24 hours?	☐	☐
Are you Diabetic?	☐	☐	Laser Procedures on the Face?	☐	☐

Have you ever experienced any of the following:

	YES	NO		YES	NO
Headaches	☐	☐	Arthritis	☐	☐
Cancer	☐	☐	Blurred Vision	☐	☐
Plastic Surgery	☐	☐	Any Vision Problem	☐	☐
Hay Fever	☐	☐	Migraines	☐	☐
High Blood Pressure	☐	☐	Glaucoma or Macular Degeneration	☐	☐
Blood Transfusion (before 2000)	☐	☐	Alopecia	☐	☐
Chest Pain	☐	☐	Anemia	☐	☐
Breast Lumps	☐	☐	Hepatitis A or B or C	☐	☐
Breast Problems	☐	☐	Treated for Mental Illness	☐	☐
Tested for AIDS	☐	☐	Facial Fillers	☐	☐
Dermabrasion or Laser	☐	☐	Chemical Peel	☐	☐
Cold Sores or Fever Blisters	☐	☐	Asthma	☐	☐

Any other comments, conditions or allergies?...

Client/Guardian Signature

Date