# CONFIDENTIAL CLIENT MEDICAL PROFILE

Silk & Sage Studio
1212 Farmers Lane Suite 4, Santa Rosa CA, 95405

Name:_____Date:_____

Address:_____

Email:_____Phone #:_____

Date of Birth:_____Referred By:_____

To avoid unforeseen complications, please answer the following questions:

Y N Are you over the age of 18?
Y N Do you have any history of the herpes virus (cold sores or fever blisters) on or around the procedure site?
Y N Are you allergic to Latex?
Y N Are you currently undergoing radiation or chemotherapy?
Y N Are you currently taking any medications? If yes, list in space provided at the end of the form.
Y N Are you allergic to topical antibiotic numbing creams or desensitizers?
Y N Is there any history of skin diseases or remarkable skin sensitivities? If yes, list in space provided at the end of the form.
Y N Are you pregnant or nursing?
Y N Are you required to take antibiotics during dental or invasive medical procedures?
Y N Are you allergic to any antibiotics? If yes, list in space provided at the end of the form.
Y N Did you work out today?
Y N Have you consumed alcohol today?

Do you, or have you had, any of the following:

[ ] Hepatitis/Jaundice/HIV
[ ] Diabetes
[ ] Keloids
[ ] Accutane Treatment
[ ] Alopecia
[ ] Autoimmune disorders
[ ] Scars in treatment area
[ ] Hemophilia or other bleeding disorder
[ ] Cardiac Valve Disease
[ ] Botox/Fillers in procedure area within the past 6 months:_____

Please continue onto back page

Please explain any checked question and list any other medical conditions or allergies:

_____

_____

_____

_____

I acknowledge that any information contributed by me is true, to the best of my knowledge and that present conditions of the area that has been treated or will be treated is stated on this record. I fully understand that Silk & Sage Studio only provides beauty services, there is no medical treatment involved.

I realize with any beauty services there may be certain risks which must be understood. I will be fully responsible for any and all results which may arise from this beauty service. I do hereby agree to hold ____Morgan Lopez____ (name of practitioner) and Silk & Sage Studio, their employees and agents & all other parties associated with the listed address, free from any and all claims or suits for damage, injuries or complications resulting from any beauty service provided by ____Morgan Lopez____ (name of practitioner) and Silk & Sage Studio. I understand that any spot removal/skin revision work performed may result in minor scarring and/or loss of natural skin pigment _____ (initial).

The nature and purpose of the beauty service, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given buy anyone as to the results that may be obtained.

Practitioner makes no attempt to, or claims to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.

Client Name (Printed):_____ Date:_____

Client Signature:_____