Body Beautiful of NY

Permanent Cosmetics/Micro Pigmentation

CLIENT HISTORY

Name: ______________________________ Date of Birth:______________ Today's Date:__________________

Address: ____
Street City State Zip

Home Phone:_____________________________ Business Phone: ________________________________

Cell Phone:______________________________ May we contact you at these numbers? _______________

Email Address: ___________________________ Referred by: ___________________________________

Ethnic Background (include all nationalities)____

Emergency Contact:________________________ Phone Number: ________________________________

PROCEDURE(S) DESIRED: Check all of the following that apply.

- ☐ Upper eyeliner ☐ Partial eyebrows ☐ Lip liner ☐ Beauty mark
- ☐ Lower eyeliner ☐ Full eyebrows ☐ Full lip color ☐ Scar Camouflage
- ☐ Other: ____

ALLERGIES: Check if you have ever had an allergic reaction to any of the following and described what happened below.

- ☐ Latex rubber ☐ Tattoo ink/pigment ☐ Novocain, Lidocaine ☐ Benzocaine, Tetracaine
- ☐ Lanolin ☐ Bacitracin Ointment ☐ Neomycin or polymyxin B ointment
- ☐ PABA ☐ Metal(s)
- ☐ Foods: ____

Other allergies: ____

Reaction: ____

EYES/EYEBROWS: Check all of the following that apply.

- ☐ Contact lenses ☐ Dry eyes ☐ Eye makeup sensitivities ☐ Blurred Vision
- ☐ Glaucoma ☐ Lasik /eye surgery ☐ Thyroid abnormalities ☐ Alopecia Areata (local)
- ☐ Alopecia Universalis (total) ☐ Pull out lashes/eyebrow compulsively (Trichotillomania)
- ☐ Other hair loss (describe): ____
- ☐ Eyebrow/Lash tinting
Date of last service: ________________ ☐ Botox
Date of last service:____________________________

Other eye disorders:____

LIPS: Check all of the following that apply.

- ☐ Cold sores/fever blisters/herpes. If yes, an antiviral prescription is required prior to any lip procedure.
- ☐ Lip injections - Type: ____________________________ Date: ____________________________
- ☐ Other lip augmentation - Type: ______________________ Date: ____________________________
- ☐ Teeth bleaching - Date: ____________________________