

Please answer the following questions prior to the procedure:

1. I am at least 18 years of age as of today: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2. Do you have Hemophilia? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. Hemophiliacs should never have a micro pigment procedure done.

3. Do you form Keloids easily? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. If you have concerns about keloids, a patch test behind the ear must be performed 6 weeks prior to the procedure to see if any keloid has formed. If at this time, no keloid occurred, the client may make the decision to have the procedure done. However a Physicians note on file will be required.

4. Do you use Accutane, Retin A or other similar prescriptions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. These drugs have been known to produce pigmentary changes. Drugs must be discontinued in order for the procedure to be performed. The same holds true for any other drugs for with the side effects may be pigmentary changes. If you are currently taking any medications, please contact your physician in order to determine the likelihood of pigmentary changes.

5. Do you take aspirin or any blood thinners? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. Aspirin or blood thinners must be stopped 72 hours prior to the procedure.

6. Do you have an active dermatological disorder? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. These may include skin disorders such as psoriasis, warts, active Herpes simples, ect.

7. Do you have Diabetes? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. Healing can sometimes be slower and take longer for diabetics. Therefore, you will need to consult your physician and note on file will be required.

8. Are you currently pregnant? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A. Because of hormonal changes during pregnancy pigmentary changes can take place. Therefore , it is advised to wait until three months post pregnancy before having a procedure.

9. I understand that alcohol or recreational drug use can cause the skin to take on pigmentary changes and the procedure can be more painful. Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. I understand that I must consult a physician prior to my procedure if I am on any prescription drugs. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ◆ It is imperative that clients must be off Retin A, Renova or similar products 30 days prior to all procedures and Accutane for one year prior to all procedures.
- ◆ Avoid the following for 48 hours prior to your procedure:
  - \*Aspirin or similar products. Tylenol is ok.
  - \*Alcohol
  - \*Caffeine
  - \*Ginko Biloba/St. Johns WartAll will cause additional bleeding and your pigment will be less likely to hold and make numbing harder, so you may have more discomfort.
- ◆ you may be more sensitive if you are premenstrual at the time of the procedure.
- ◆ If you have any condition that requires you to take antibiotics prior to a dentist apt, you will need to check with your physician to see if antibiotics are required before your procedure.
- ◆ An over the counter antihistamine such as Benadryl or Claritin can help with tearing during your procedure.
- ◆ It is important to not have sunburn prior to and after your procedure (including tanning beds)
- ◆ You will need to wait on heavy workouts after the procedure. (heavy sweating could cause loss of pigment)
- ◆ Follow the after care as directed.

