

Pull out lashes, or eyebrows compulsively (Trichotillomania)	Yes	No	
Glaucoma	Yes	No	
Blurred Vision	Yes	No	
Eye Make-up Sensitivity	Yes	No	
Injectibles such as Botox®, Restylane®, etc.,	Yes	No	
Eye surgery or injury	Yes	No	
Are you using or have you used Latisse™ in the past 30 days	Yes	No	

Describe:

SKIN

Date of Treatment

Bruise or bleed easily	Yes	No	
Sun tanning (Outdoors, Sunlamp, or Tanning Bed)	Yes	No	
Treatment for Acne	Yes	No	
Healing problems	Yes	No	
Cancer, tumors, growths	Yes	No	
Currently using Retin A, Glycolic Acid or other AHA products	Yes	No	
Scars – Raised , white or discolored (describe location below)	Yes	No	

Describe:

GENERAL

Date of Treatment

Diabetes	Yes	No	
Hemophilia or other clotting disorders	Yes	No	
High or low blood pressure	Yes	No	
Circulatory problems	Yes	No	
Currently on blood thinners or anticoagulants such as Aspirin, Coumadin, Ibuprofen, Alcohol	Yes	No	
Mitral value prolapse or valve implants	Yes	No	
Fainting spells or dizziness	Yes	No	
Respiratory problems such as Asthma, shortness of breath	Yes	No	
Heart palpitations or irregular heart beat	Yes	No	
Hepatitis, HIV or undergoing treatment such as chemotherapy that could affect healing?	Yes	No	

Describe

This history has been reviewed with a Technician, and my questions have been satisfactorily answered. I have also received and reviewed a copy of the Pre- & Post Procedure Information. I understand them and agree to follow them.

CLIENT SIGNATURE: _____ DATE: _____