

MEDICAL HISTORY

PLEASE CIRCLE ANY CONDITIONS LISTED BELOW THAT APPLY TO YOU.

TB	EPILEPSY	BLOOD THINNERS	SCARRING/KELOIDING
HIV	ASTHMA	ECZEMA/PSORIASIS	GONORRHEA/SYPHILIS
	HEPATITIS	HEART CONDITION	MRSA/STAPH INFECTIONS
HERPES	HEMOPHILIA/OTHER BLEEDING DISORDER	PREGNANT/NURSING	ALLERGIC REACTIONS TO LATEX
DIABETES	SKIN CONDITIONS	FAINTING OR DIZZINESS	ALLERGIC REACTIONS TO ANTIBIOTICS

How long has it been since you last ate?

Do you have any additional allergies such as to metals, soaps, cosmetics or alcohol?

Do you use any medications that might affect the healing of the body art you wish to receive?

Do you have any other medical or skin conditions that affect the outcome of your procedure?

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

Do you have any cardiac valve disease?

Is there any information you feel you should provide to the body art practitioner?

Other medical conditions?
