

**Santa Fe Day Spa**  
**611 Doug Baker Blvd.**  
**Birmingham, AL 35242**  
**Toll Free: (866) 408-7816**  
**Phone: (205) 408-7221**

**Medical History Form**

Please answer the following questions:

Do you presently have, or have ever had:

1. Hepatitis B? Yes\_\_\_ No\_\_\_
2. Hepatitis C? Yes\_\_\_ No\_\_\_
3. HIV/AIDS? Yes\_\_\_ No\_\_\_
4. Diabetes? Yes\_\_\_ No\_\_\_
5. History of hemophilia or any other blood disorder/disease? Yes\_\_\_ No\_\_\_
6. Skin disease or skin lesions? Yes\_\_\_ No\_\_\_
7. Sensitivities to soaps, disinfectants, topical bacterial ointments (neosporin) etc.?
8. Yes\_\_\_ No\_\_\_
9. History of allergies or adverse reactions to pigments, dyes, latex, etc.? Yes\_\_\_ No\_\_\_
10. Tuberculosis? Yes\_\_\_ No\_\_\_
11. Immune disorders? Yes\_\_\_ No\_\_\_
12. History of heart murmur or any heart disease/condition? Yes\_\_\_ No\_\_\_
13. Scarring (keloids)? Yes\_\_\_ No\_\_\_
14. History of epilepsy, seizures, fainting, or narcolepsy? Yes\_\_\_ No\_\_\_
15. History of taking medications such as anticoagulants that thin blood and/or interferes with bloodclotting? Yes\_\_\_ No\_\_\_
16. Are you now under the influence of alcohol or drugs? Yes\_\_\_ No\_\_\_
17. If Yes, What? \_\_\_\_\_.
18. Are you currently taking any anti-depressants? Yes\_\_\_ No\_\_\_
19. Are there any other medical conditions which may affect your PMU healing process? Yes\_\_\_ No\_\_\_
20. Do you have trouble numbing when receiving dental work? Yes\_\_\_ No\_\_\_
21. Are seeking micro pigmentation in order to correct the effects of an accident, medical procedure or medical condition ? Yes\_\_\_ No\_\_\_
22. If Yes, What? \_\_\_\_\_.
23. FEMALES: Are you pregnant or breast feeding/nursing? Yes\_\_\_ No\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE CONDITIONS, IT IS RECOMMENDED THAT YOU CONSULT WITH PERSONAL PHYSICIAN OR DENTIST BEFORE ANY PERMANENT COSMETIC PROCEDURES ARE PERFORMED.

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

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

Print Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone Number: ( )- \_\_\_\_\_

Artist: \_\_\_\_\_

For permanent makeup: \_\_\_\_\_

Site(s): \_\_\_\_\_

Comments: \_\_\_\_\_