

Living Story Tattoo LLC General Health History Form

EMERGENCY CONTACT NAME & # _____

Medical conditions are important in measuring the capacity for wound healing. Your skin in the tattoo area field will be assessed today prior to tattooing. All incisions should be healed and no presence of infection prior to proceeding with tattooing. You will be provided with aftercare instructions today. Please call with any questions.

Please note this form is strictly used to gather information for the tattooer, not to make medical judgements or to give out any medical advice.

PAST HISTORY OF &/OR PRESENT medical conditions, including but not limited to:

circle and explain please, if inapplicable leave blank

skin disease, _____

psoriasis, _____

hepatitis, _____

HIV/AIDS, _____

herpes infection, _____

seizure disorder, _____

active infections? _____

post-operative infections, _____

heart condition, _____

diabetes or low blood sugar, _____

rash, _____

cancer-what type _____

Specifically breast cancer, which side

breast, _____

history of radiation treatments-approx dates- body part treated

chemotherapy ** dates treated, clearance

noted?, _____

lymphedema, _____

autoimmune disease or taking immunosuppressant medications _____

high/low blood pressure, _____

fainting or passing out _____

are you pregnant? _____

Any previous reaction to tattoo ink? _____

Anything else not mentioned above _____

Breast &/or reconstructive surgeries: *list procedure along with approx date and name of surgeon*

Do you have any allergies? *list environmental, medication, topical allergies such as lidocaine, benzocaine, tetracaine, lanolin, PABA, ***metals or minerals, or latex or foods*

List current medications taking: *especially blood thinners, include topical creams/lotions,*

The above information is correct to the best of my knowledge_____

Signature_____

Date_____

Tattooer_____

Date_____