



client personal records and medical history

Name: _____

Date: _____ Cell/phone: _____

Email: _____

Date of birth: _____ Sex: _____

MEDICAL HISTORY (please mark Y for "yes" or N for "no")

Name of Doctor: _____

Contact info: _____

Allergies: _____ if yes, describe: _____

Latex allergy _____ Dermatitis/Eczema: _____

Keloid scars: _____ Diabetes: _____ insulin dependent: _____

Cold sores _____ Shingles _____ iron deficiency/anemia _____

Hypoglycemia _____ AIDS _____ HIV _____ Asthma _____

Pregnant _____ Heart problems _____ if yes describe _____

_____ High blood pressure _____ Meds: _____

Current meds in addition to above: _____

Cancer _____ How long in remission _____

Hepatitis/Jaundice _____ Blood thinner _____

Pacemaker: _____ Constipation _____

Skin Disorder/s _____

Herpes _____ Taking an anti viral? _____

Regular periods _____ Menopause _____ Contact lenses _____

Laser treatments ____ Location _____ Date of last laser

_____ Glycolic acid? _____

Reactions/results _____

Treatment _____ Number of treatments _____

Chemical peel _____ Date _____

Accutane _____ Botox or Disport _____ location/date _____

Fillers _____ Location/date: _____

Retin A _____ RetinA burns? _____

Joint replacement _____

Major surgeries _____ Date, describe _____

Bleeding disorders: _____

Please list any other health involved concerns that may be pertinent to the treatment you are seeking today: _____

I acknowledge that any information contributed listed above to "The Needlery" is true. There is full disclosure as to medical conditions past or present. I acknowledge that any medical condition being treated is listed on this medical record.

I fully understand, "The Needlery" llc. and Christian Hunt only provide beauty services and non-laser tattoo removal. There is no medical treatment involved.

Signed: _____

Date: _____

I realize that with any beauty service and tattoo removal, there are certain risks, such risks are understood by the client. The customer will be fully responsible for any and all results that may arise from services rendered at "The Needlery". I do hereby agree to hold Christian Hunt, owner, and "The Needlery" llc. free from any and all claims or suits for damage, injuries or complications resulting from any service provided.

Signed _____

Date: _____

The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I have signed and understand the after care instructions given to me, and I understand that no guarantee or assurance has been given by anyone as to results that may be obtained.

By signing below, I acknowledge that I have read and understand the above and all of my questions have been answered and I consent to have the above beauty services or tattoo removal.

Signature: _____

Date: _____

CLIENT DISCLOSURE:

I understand the following completely: initial below

_____ No warranty or guarantee has been made as to a result of procedure performed.

_____ There may be risks and hazards related to the procedure planned for me.

_____ There is potential for discomfort during the procedure and during the healing process.

_____ There is a possibility of bleeding, and swelling post treatment during and post treatment.

_____ I have been given the opportunity to ask questions about the procedures, the risks, and the hazards involved, and I fully understand the procedures and after care.

_____ I believe I have sufficient information to give this informed consent.

CLIENT RELEASE AGREEMENT:

I fully understand the questions, terms, and conditions of this Disclosure and Release Agreement, and have been given ample explanations of the procedure, after care, and potential hazards. I accept to waive all my rights for any claim against the technicians, "The Needlery" llc. and Christian Hunt.

I certify that this Disclosure and Release Agreement was completed by me and that all information is true and completed to the best of my knowledge.

Client's printed name: _____

Client's signature: _____

Date: _____

I have also read and understand the attached aftercare treatment instructions, and recommendations. I understand my responsibility to follow them to ensure proper healing and optimal results of the procedures and the treated area.

Client's Signature _____ date: _____

PHOTOS

I understand before and after photos will be taken. I consent to have photos used as before and after images for use on web site, or marketing material. All photographs of one's face will be shaded to make an individual anonymous.

Signed: _____