



Lipstick Tattooing Information Form

Expect swelling, bruising, and tenderness after the procedure. This may last a few days or up to 1 week.

Expect that some peeling will occur and loss of pigment. (This requires more than one session)

If you want to take Benadryl 30 min prior to the procedure this may help with swelling. (Please note: I am not a physician and am not prescribing this to you. This is only a suggestion to help with swelling)

Relax and know that I practice safe and sanitary procedures. You are in good hands!

Remember to communicate during the procedure if you are feeling any discomfort- I will apply more numbing.
Your comfort is important!

Please feel free to ask ANY questions!

Please fill out the following to the best of your knowledge and be truthful for your safety.

Yes / No	Is it possible you may be pregnant?
Yes / No	Are you currently breastfeeding?
Yes / No	Are you prone to keloid scarring, hypertrophic scarring, or any form of excessive scarring?
Yes / No	Have you taken any medication containing Isotretinoin (Accutane) in the last 12 months?
Yes / No	Have you been using experimental, unapproved, or illegal medications on the skin?
Yes / No	Do you have or think it possible to have any bloodborne disease? (Hep B, Hep C, HIV/AIDS)
Yes / No	Do you currently have any other form of communicable disease or infection? (respiratory infection, GI infection, skin infection, ear or eye infection, bacterial, fungal, or viral infection)
Yes / No	Do you have Diabetes, are currently on any immunosuppressant, or have any other condition that may cause delayed healing?
Yes / No	Have you ever had cold sores or fever blisters? (Herpes Simplex Type I)
Yes / No	Do you have any hypersensitivity, autoimmune disorder, or allergic conditions?
Yes / No	Do you have any known allergy or sensitivity to any topical or local anaesthetics?
Yes / No	Have you ever taken medications containing Bisphosphonate/ Diphosphonate? (sometimes prescribed to treat conditions such as osteoporosis, Paget's disease, or cancer)
Yes / No	Do you have any form of bleeding disorders, or are you taking blood thinners in the last 48 hrs? (warfarin, heparin, aspirin, ibuprofen, Omega 3's (fish oil/ flax), Vitamin E, Q-10, Ginseng, Ginkgo Biloba, Garlic supplements)

Yes / No	Have you had any cosmetic or surgical procedures, radiotherapy, or chemotherapy in the last 6 months?
Yes / No	Do you suffer from any form of hyperpigmentation? (skin darkening)
Yes / No	Do you suffer from fainting, blackouts, or seizures?
Yes / No	Have you had botox or fillers in the last 2 weeks?
Yes / No	Do you suffer from any other major health problem or medical condition? Specify: _____
Yes / No	Have you used any eyelash or brow growth serum or eye drops that contain prostaglandin analogues in the past 4 weeks?

Allergies: _____

Current Medications: _____

Disclaimer, Terms, & Conditions:

This questionnaire should only be regarded as general guidelines and is not intended to replace medical advice or pre or post treatment health screening by a tattooist. Always consult with your medical practitioner before acting on any information in relation to any medical condition or health related circumstance. This form is provided "as is" without any guarantees, warranties, or liability of any kind, use entirely at your own risk. Your use of this form is strictly on the basis of the acceptance of the above terms and conditions.

Client Print Name: _____

Client Signature: _____

Date: _____

Client Phone Number: _____

Artist Signature: _____

Date: _____

Anna Suzanne Gill