

Medical Consent and Procedure Chart

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Name	Address	City	State	Zip Code
Area Code Work Phone#	Area Code Home Phone#	Area Code Cell Phone #		

Emergency Contact Phone Number

If you are now taking or recently have taken any of these drugs/products please circle below. You may need a physicians release prior to your procedure: _____ Initial _____ Date _____

Aspirin	Anticoagulants	Blood thinners	Arthritis Preparations
Antibiotics	Diabetic meds	Insulin injections	Hormones
Accutane	Heart meds	Blood pressure meds	Anti-anxiety drugs
Seizure meds	Tranquilizers	Pain or headache meds	Meds for depression
Meds for mood change	Steroid preparations	Any meds with aspirin?	Anything else we should know about?
Do you drink more than 3 energy drinks, alcohol or coffee per day?	Cigarettes or chew?	Any other Rx's?	Recreational drugs?

Please circle if you have or had recently any of the following. You may need a physicians release prior to your procedure: _____ Initial _____ Date _____

Anemia	Asthma	Fever Blisters	Herpes infections
Sinus infections	Chronic sinus congestion	Seasonal hay fever	Chronic/ migraine headaches
Blurred vision	Glaucoma	History of seizures	Chronic eye conditions
Heart disease	Heart condition	Heart murmur	Recurrent heart palpitations
Hypertension	Diabetes	Alopecia	Elevated blood pressure
Jaundice	Hepatitis	Cancer surgery	Plastic surgery
Any breast problems	Chronic skin problems	Dermabrasion	Chemical peels
Collagen injections	Gortex	Any other lip fillers	Do you take antibiotics prior to any procedure (dental, surgery, or other)
Hemophilia	Cardiac Valve Disease	Recent surgery	Any type of bleeding disorder
Radiation treatments	TMJ or jaw problems	Slow healer	Anything else we should know about?

Are you at risk for any blood borne pathogen exposure?	Yes	No
Could you possibly be pregnant?	Yes	No
Are you nursing mother?	Yes	No
Do you have any allergies to any medication or latex?	Yes	No
Are you allergic to Novocain, Lidocaine or any other topical anesthetics?	Yes	No
Have you ever had any permanent cosmetics applied? If so please describe. _____ _____ Pigments used: _____ Machine used: _____	Yes	No
Was pigment disposed of?	Yes	No
Was your needle disposed of in a Sharp's container?	Yes	No
Do you sign off that you saw the technician dispose of your needle in a Sharp's container?	Yes	No
Did you sign any Consent and Release forms?	Yes	No
Were before and after photos taken?	Yes	No
Were you given Pre and Post Care Instructions?	Yes	No

I certify that I have read and initialed the above paragraphs and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement.

Patient/Legal Guardian /Parent

Date

Technician / Witness

Date