

MEDICAL HISTORY

**PLEASE CIRCLE ANY CONDITIONS LISTED BELOW THAT APPLY TO YOU.**

TB	EPILEPSY	BLOOD THINNERS	SCARRING/KELOIDING
HIV	ASTHMA	ECZEMA/PSORIASIS	GONORRHEA/SYPHILIS
	HEPATITIS	HEART CONDITION	MRSA/STAPH INFECTIONS
HERPES	HEMOPHILIA/OTHER BLEEDING DISORDER	PREGNANT/NURSING	ALLERGIC REACTIONS TO LATEX
DIABETES	SKIN CONDITIONS	FAINTING OR DIZZINESS	ALLERGIC REACTIONS TO ANTIBIOTICS

How long has it been since you last ate?

---

Do you have any additional allergies such as to metals, soaps, cosmetics or alcohol?

---

Do you use any medications that might affect the healing of the body art you wish to receive?

---

Do you have any other medical or skin conditions that affect the outcome of your procedure?

---

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

---

Do you have any cardiac valve disease?

---

Is there any information you feel you should provide to the body art practitioner?

---

Other medical conditions?

---