

## 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 please circle below. You may need a physicians release prior to your procedure:

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		

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

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	Nervous conditions

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
Novocain, Lidocain or any other topical anesthetics?	Yes	No
Have you ever had any permanent cosmetics applied? If so please describe. _____ _____	Yes	No
Pigments used: _____ Machine used: _____		
Was pigment disposed of?	Yes	No
Was 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

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