

Patient Medical History Report

PATIENT MEDICAL HISTORY REPORT

MICROPIGMENTATION PROCEDURE

CONTACT DETAILS

Name:
Address:
Phone nr:
E-mail address:
ID nr:

CONTRAINDICATIONS:

MEDICAL HISTORY	YES	NO	COMMENTS (at least one "YES" - DISQUALIFICATION)
Pregnancy			
Breast feeding			
Active cancer			
Allergic reaction to pigment			
Keloid scars			

MEDICAL HISTORY	YES	NO	RECOMMENDATION in case of "YES"	COMMENTS
Herpes			Procedure after healing and with protection of oral Acyclovir (Zovirax)	
Skin diseases in the area of the planned procedure			Procedure after treatment	
Allergy			Allergy test to pigment with observation period	
Correction of the wrinkles in the area of the planned procedure with botulin toxin, hyaluronic acid			It is recommended to keep a 1-2 weeks interval period between the procedures	
Tendency for keloid formation			Test with linear pigment applied behind the ear and with a observation period	
Tendency of bruises, blood coagulation problems, taking anti-coagulants			Regulate the blood coagulation, discontinue the anticoagulants therapy with an attending physician	
Oral retinoids			It is recommended to have an interval of min. 6 months from the end of the therapy	

MEDICAL HISTORY	YES	NO	RECOMMENDATION in case of "YES"	COMMENTS
Diseases in an acute phase, e.g. influenza, sore throat			After treatment and full recovery	
Heart, liver, kidney diseases, diabetes, hypertension			After consulting the attending physician, often with a protection of an antibiotic (diabetes, cardiac peacemaker)	
Drugs that can disturb skin pigmentation			After a full removal of the drug from the organism (depends on the type of a drug)	
Chemotherapy, corticosteroids, immunosuppressant			It is recommended to have an interval of min. 1 year from the end of the therapy	
Dermatological diseases (psoriasis, lichen planus, warts, Darier's disease, atopic dermatitis, chronic skin inflammation)			Procedure possible in the remission period after consulting an attending dermatologist	

Physician consultation card and declaration on the lack of contraindications is necessary in the above mentioned cases, as well as in micropigmentation of the vitiligo, reconstruction/recreation of the areola and micropigmentation of the eye area.

A LIST OF MEDICAL CONSULTATIONS:

ALLERGY TEST

On..... the patient underwent an allergy test. It consisted of application of a pigment behind the patient's ear.

The test result was checked after 1 and 24 hours. The interval between the test and the procedure was..... days.

The patient did not observe any alarming reactions to applied pigment.

COMMENTS:

PROCEDURE DOCUMENTATION

DATE	PIGMENTATION AREA	PIGMENT	NEEDLE

RECORD PHOTOGRAPHS

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BEFORE THE PROCEDURE

a photo of the initial draft, accepted by the patient with a signature

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AFTER THE PROCEDURE

AFTER THE PROCEDURE

PROCEDURAL RECOMENDATIONS

TIME BEFORE THE PROCEDURE	PROHIBITED ACTIVITIES
24 hours	Eye make-up, contact lenses
28 days	Withdrawal of eyelash conditioner (serum) in the case of eyelid micropigmentation

POSTPROCEDURAL RECOMENDATIONS

TIME AFTER THE PROCEDURE	POSTPROCEDURAL DO'S AND DONT'S
8 hours	Do not drive a vehicle (with micropigmentation of eyelids/ in the case of hypersensitivity, large edema and/or lacrimation).
24 - 48 hours	Put ice-packs through an aper tissue for several minutes once per hour. It is recommended to use artificial tears eye drops every 1-2 hours (procedure - eyelid micropigmentation) Remove the morning eye discharge (pigment, tears, with some blood) with a clean tissue (eyelid micropigmentation)
48 - 72 hours	- Do not exercise intensely. - Do not wear contact lenses - the desicion after what period of time the contact lenses can be worn belongs to an oculist (eyelids micropigmentation)
1 week	Wear sun glasses (eyelid, brow micropigmentation)
2 weeks	- Do not directly clean the pigmented areas. - Do not apply any eyelash conditioner.
The whole post-procedural period	DO NOT REMOVE SCUBS!! Do not sunbathe.

POSSIBLE COMPLICATIONS AFTER A MICROPIGMENTATION PROCEDURE

FREQUENT COMPLICATIONS: Pain of the pigmented area; edema; erythema; fading of the pigment

RARE COMPLICATIONS: hematoma; migration of the pigment; change of the pigment colour; artificial or deeper bacterial infections; viral infections (e.g herpes); keloids; Koebner phenomenon among others in psoriasis, lichen planus or flat warts; ophthalmic complications post eyelids micropigmentation (among others blepharitis, keratitis); losing the main eyelashes (temporary)

PATIENT'S CONSENT TO THE MICROPIGMENTATION PROCEDURE

I hereby declare that the procedure of micropigmentation was presented to me. I had a possibility to ask questions and I received comprehensive answers. All the contraindications, pre and post procedural recommendations as well as possible complications were presented to me. I hereby accept that the risk of complications results from the micropigmentation procedure itself, and not from the errors of the person performing the procedure. During the medical interview I did not conceal any facts that could influence the course of the micropigmentation procedure and its result. I familiarized myself with all of the pre and post procedural recommendations and I commit to adhere to them. I further declare that after performing the allergy test (if test was performed) no alarming reactions to the applied pigment appeared. Before the procedure, I was presented with the colour and shape of the permanent make-up and I fully accepted it. I realize that the corrections of the permanent make-up are to be done after 4 weeks and might be repeated every 12 months to maintain its sharpness and proper colours. I understand that the durability of micropigmentation varies individually and it depends on the type of skin, its metabolism and on my adherence to the post procedural recommendations I was given. I further accept the fact that the micropigmentation procedure depends not only on the skills of the person performing it, but also on individual characteristics of the skin and the patient's behaviour, therefore the final result cannot be fully predictable and guaranteed. I hereby give my informed consent to the procedure. I also declare that I received a written information on the rules of the care of the pigmented area as well as the post-procedural do's and don't's.

DATE

PATIENT'S
SIGNATURE

SIGNATURE OF THE PERSON
PERFORMING PROCEDURE

Now you will take a short test to advance to the next level.

Good luck!