

MORGAN HARRIS BEAUTY

COSMETIC TATTOO

Eligibility Checklist

If you have any of the below contraindications, depending on the severity you may not be suitable for a cosmetic tattoo.

Please advise Morgan BEFORE any cosmetic tattoo appointment if any of these apply.

Written consent from your doctor may need to be provided or your tattoo will not be able to be performed.

If your circumstances change prior to your appointment and any of the below becomes applicable or changes, please advise Morgan as soon as possible as this may result in a loss of eligibility for the cosmetic tattoo and a loss of your deposit.

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| <input type="checkbox"/> Taking aspirin / anti-inflammatory drugs | <input type="checkbox"/> Had tattoos before and have had problems with healing and fading |
| <input type="checkbox"/> Any blood clotting problems | <input type="checkbox"/> Any problems with past wound healing |
| <input type="checkbox"/> Taking blood thinners | <input type="checkbox"/> Tendency to scar from minor skin injuries |
| <input type="checkbox"/> Porphyria disorder | <input type="checkbox"/> Prone to cold sores/herpes simplex |
| <input type="checkbox"/> Any blood disorders | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Heart palpitations / conditions | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> High / low blood pressure | <input type="checkbox"/> Currently have your period |
| <input type="checkbox"/> Seizure related conditions / epilepsy | <input type="checkbox"/> Anxiety / panic attacks |
| <input type="checkbox"/> Tendency to faint or black out spells | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Anaemic | <input type="checkbox"/> Latex allergy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies to any metals / makeup / products / medicines |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Skin irritations / infections |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dermatitis / eczema / psoriasis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Excessively oily skin |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Skin diseases |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Hyperpigmentation or hypopigmentation of the skin |
| <input type="checkbox"/> Hepatitis HIV | <input type="checkbox"/> Laser / IPL removal |
| <input type="checkbox"/> Wear contact lenses | <input type="checkbox"/> Autoimmune disorders |
| <input type="checkbox"/> Eye disorders | <input type="checkbox"/> Chemotherapy / radiation |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Any cancer history |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Taking fish oil |
| <input type="checkbox"/> Chronic coughing | <input type="checkbox"/> Prescription drugs of any sort |
| <input type="checkbox"/> Facial surgery in last 3 months | <input type="checkbox"/> Any problems being anaesthetised during dental procedures |
| <input type="checkbox"/> Collagen injections / fillers | <input type="checkbox"/> Allergy or bad reaction to any anaesthetics |
| <input type="checkbox"/> Facial implants | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Consumed alcohol in the last 24 hours |
| <input type="checkbox"/> Recent chemical peel or facial in the last month | <input type="checkbox"/> Sunburnt or slight redness from the sun on the brow area |
| <input type="checkbox"/> Use of glycolic acids / facial peels | |
| <input type="checkbox"/> Taking or have taken in the past Retin A / Roaccutane / Accutaine medication | |
| <input type="checkbox"/> Keloid scarring | |