

Cosmetic Tattoo Eligibility Checklist

Please advise The Beauty Extract BEFORE any cosmetic tattoo appointment if any of these apply.

Depending on what you flag or the severity you may not be suitable for a cosmetic tattoo.

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 appointments, and if any of the below becomes applicable or changes, please advise us as soon as possible as this may result in a loss of eligibility for the cosmetic tattoo and a loss of your booking deposit.

If you have booked a cosmetic tattoo consult and cosmetic tattoo in the same day, you must complete this form at least 1 week prior to your booking so we can advise you of any steps you may need to take prior to your visit.

Name: _____ Phone: _____

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| <input type="checkbox"/> Taking aspirin / anti-inflammatory drugs | <input type="checkbox"/> Previous cosmetic tattoo |
| <input type="checkbox"/> Any blood clotting problems | <input type="checkbox"/> Had problems with healing / fading of previous tattoos |
| <input type="checkbox"/> Taking blood thinners | <input type="checkbox"/> Any problems with past wound healing |
| <input type="checkbox"/> Porphyria disorder | <input type="checkbox"/> Tendency to scar from minor skin injuries |
| <input type="checkbox"/> Any blood disorders | <input type="checkbox"/> Prone to cold sores/herpes simplex |
| <input type="checkbox"/> Heart palpitations / conditions | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> High / low blood pressure | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Seizure related conditions / epilepsy | <input type="checkbox"/> Currently have your period |
| <input type="checkbox"/> Tendency to faint or black out spells | <input type="checkbox"/> Anxiety / panic attacks |
| <input type="checkbox"/> Anaemic | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Latex allergy |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Allergies to any metals / makeup / products / medicines |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Skin irritations / infections |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Dermatitis / eczema / psoriasis |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Excessively oily skin |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Skin diseases |
| <input type="checkbox"/> Hepatitis HIV / Aids / communicable disease | <input type="checkbox"/> Hyperpigmentation or hypopigmentation of the skin |
| <input type="checkbox"/> Wear contact lenses | <input type="checkbox"/> Laser / IPL removal |
| <input type="checkbox"/> Eye disorders | <input type="checkbox"/> Autoimmune disorders |
| <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Chemotherapy / radiation |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Any cancer history |
| <input type="checkbox"/> Chronic coughing | <input type="checkbox"/> Taking fish oil |
| <input type="checkbox"/> Facial surgery in last 3 months | <input type="checkbox"/> Prescription drugs of any sort |
| <input type="checkbox"/> Collagen injections / fillers | <input type="checkbox"/> Any problems being anaesthetised during dental procedures |
| <input type="checkbox"/> Facial implants | <input type="checkbox"/> Allergy or bad reaction to any anaesthetics |
| <input type="checkbox"/> Botox | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Recent chemical peel or facial in the last month | <input type="checkbox"/> Consumed alcohol in the last 24 hours |
| <input type="checkbox"/> Use of glycolic acids / facial peels | <input type="checkbox"/> Taken illicit drugs in the 72 hours |
| <input type="checkbox"/> Taking or have taken in the past Retin A / Roaccutane / Accutaine medication | <input type="checkbox"/> Sunburnt or slight redness from the sun on the brow area |
| <input type="checkbox"/> Keloid scarring | |