

AVAILON

Semi-Permanent Consultation Form

Name: _____ Contact Number: _____

Address: _____

Post Code: _____ Occupation: _____

Date of Birth: _____ How did you hear about us? _____

Medical

Please list any medications you have been taking over the last 6 months: _____

Have you received chemotherapy or radiation treatment in the last year? _____

Drs Name: _____ Phone Number: _____

Drs Address: _____

Do you have, or have you ever had an allergic reaction to any of the following?

Lanolain Latex Rubber Vaseline Metals Medication Hair Dyes Foods Lidocaine

Crayons Paints Glycerine Anaesthetics/Adrenaline

Please list any other allergies: _____

I confirm that the above information is correct:

Client Signature: _____ Date: _____

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Medical Health Form Continued

Have you ever had any of the following? Tick all the following that apply:

Abnormal Heart Condition		Cold Sores (Herpes Simplex)	
Mitral Valve Prolapse		Heart Murmur	

Rheumatic Fever		Pacemaker	
Artificial Heart Valves		Anaemia	
Haemophilia		Prolonged Bleeding	
High Blood Pressure		Low Blood Pressure	
Circulatory Problems		Diabetes	
Epilepsy		Fainting Spells or Dizziness	
Thyroid Disturbances		Liver Disease	
Kidney Disease		Glaucoma	
Stomach Ulcers		Tumours, Growths or Cysts	
Cancer		Tuberculosis	
Stroke		HIV	
Prosthetic Hip or Joint		Palpitations	
Hepatitis		Pregnant or Nursing	

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Cataracts		Blurred Vision	
Dry Eyes		Eye Infection Present	
Alopecia		Recent Hair Loss	

Watery Eyes		Contact Lenses	
Eyelid Surgery		Chapped Lips	
Trichotillomania			

Watery Eyes		Contact Lenses	
Eyelid Surgery		Chapped Lips	
Trichotillomania		Other Tattoos	
Date Of Last Eyelash / Eyebrow Tint		Bruise or Bleed Easily	
Gore-Tex Implants/Silicone Injections		Use of Sun Bed	
Fat Transfer Injections		Collagen Injections	
Botox Injections			

Hypertrophic scars		Chemical or Laser Peel within 6 Months	
Scar Easily		Retin A within 6 Months	
Healing Problems		AHA preparations within the last 2 Weeks	
Keloid Scars		Sensitivity to Cosmetics	
Acutance within 6 Months		Cortisone within 6 Months	

I confirm that the above information is correct:

Client Name: _____ Client Signature: _____ Date: _____

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