## Client Medical History

**Please fill in your name:**

**Date of Birth:**

**Please fill in your address**:

**Please fill in your email:**

**Phone Number:**

**Occupation:**

**Where did you hear about us?**

☐ Friend

☐ Instagram

☐ Facebook

☐ Google Search

☐ Yelp

**Today date:**

# PLEASE READ CAREFULLY AND ANSWER EACH SECTION

**Have you received chemotherapy or radiation in the past year?**

☐ Yes

☐ No

**List any medications you have been taking in the past 6 months:**

**Check any of the following allergies that apply:**

☐ Lanolin

☐ Latex

☐ Glycerin

☐ Novocaine/Lidocaine/ Tetracaine, Epinephrine, Dermacaine

☐ Paint

☐ Metals

☐ Crayons

☐ Foods

☐ Dyes

☐ Hair

☐ Other/allergies

☐ None

**Check any of the following health conditions that apply to you:** (required) **:**

☐ Anemia

☐ Low Blood Pressure

☐ High Blood Pressure

☐ Artificial Heart Valves (list of any abnormal heart condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Diabetes

☐ Hemophilia (blood clot disorder, prolong bleeding, etc.)

☐ Circulatory Problems

☐ Epilepsy

☐ Tumors, Growth, or Cysts

☐ Thyroid Disturbances

☐ Hepatitis (A, B, C, D types)

☐ Cancer (If YES, please list any chemotherapy/ radiation treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

☐ History HIV

☐ History of:

* methicillin-resistant Staphylococcus aureus (MRSA)
* vancomycin-resistant Enterococcus (VRE)
* multi-drug-resistant Mycobacterium tuberculosis (MDR-TB)
* carbapenem-resistant Enterobacteriaceae (CRE) gut bacteria

☐ Autoimmune disorder

☐ Pregnant/Nursing

☐ Taking blood thinners, such as: Aspirin, Ibuprofen, Alcohol, Coumadin.

☐ Any diseases or disorders not listed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ skin types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Use of skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl within last 4 weeks

☐ Use of any product for acne treatment within last 4 weeks

☐ Chemical Peel or Laser within the last 4 weeks

☐ Alopecia (hair loss)

☐ Botox, Fat, Collagen or Filler Injections (last treatment\_\_\_\_\_\_\_\_\_\_\_\_)

☐ Forehead/Brow Lift/Facelift surgery

☐ Brow Lash Tinting

☐ Makeup Sensitivities

☐ Healing Problems

☐ Keloid Scars

☐ Bruise Easily

☐ Fainting Spells or Dizziness

I agree that all the above information is true and accurate to the best of my knowledge

Signed\_ Date

**Acknowledgement**

This form is designed to give ***information needed to make an informed choice*** of whether to undergo any semi-permanent makeup application. If you have any questions, please don’t hesitate to ask.

* Although permanent makeup procedure is effective in most cases, I can’t g***uarantee*** any specific result from the procedure.
* This is the process of inserting pigment into the basal layer of the epidermis. It is a ***form of tattooing***, though semi-permanent, it is considered a permanent marking.
* All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. ***Cross contamination guidelines are strictly adhered to***.
* Healing is different for each client. Pigment will fade anywhere from 40%-50% after initial session. This is a 2-part process, and the procedure is not complete without a touch up. A touch-up session is highly advised 6-8 weeks after initial session during which we will fine tune any areas that need correction.
* The pigment ***will fade over time.*** You would need a color boost every 2-2.5 years to maintain a fresh natural look.

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

**Yes**, feel free to use them **No**, please do not use them

Name Signature Date Email Phone Special requests, concerns, or remarks for the Artist:

**Possible Risks, Hazards and Complications**

* **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.
* **Infection:** Infection is possible but very unusual. The treated areas must be kept dry and clean. Please see “After Care” sheet for detailed instruction.
* **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
* **Asymmetry:** Every effort will be made to avoid asymmetry, but out faces are not

symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.

* **Swelling or Bruising**: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don’t bruise or swell at all.
* **Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine

Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.

* **Allergic Reaction:** Although an allergy is unusual, there is always a possibility of an unknown allergy to the pigments and materials used during procedure.

## The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.

Consent and release for procedures performed:

Signed\_ Date\_

## Statement of Consent

## Please read and initial all lines:

## I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me clearly.

 Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

 I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

 I have been advised that the result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun damaged, thick or thin skin types), personally Ph balance of the skin, alcohol intake and smoking, post procedure aftercare.

\_\_\_\_**\*I understand that the treatment I have chosen is for cosmetic purposes only and no guarantee have been made to me concerning the results of the procedure.**

 I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

 I understand that tanning beds, pools, some skincare products and medications can affect my permanent makeup.

 I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

 I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 4-6 weeks.

 I acknowledge that the proposed procedures(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention, hyper-pigmentation, scarring, bleeding.

 I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch- ups must be completed within 4-6 weeks of initial procedure.

\_\_\_\_I agree to follow all pre-procedure and post-procedure instruction as provided and explained to me by the technician. Failure to do so may jeopardize my chance for a successful procedure.

 I have been quoted the cost of today’s appointment.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize *, and* *,* as my technician(s) to perform the permanent makeup procedure for my eyebrows today.

Signed\_ Date\_

**AFTERCARE INSTRUCTION**

It is essential that you follow these instructions after your procedure:

**Day One (Day of treatment):** please make sure to blot your brows every 2-3 hours with a clean cotton pad, dampened with drinking water( no tap water)to remove any lymph fluid and avoid build up.

NOTE: Wash your hands with a disinfectant soap before touching your eyebrows and/or applying the post- care cream.

**Day Two – Ten:** Repeat the wiping of the brows at least 2 times a day. At night wash the treated area with warm water and mild soap like Cetaphil.

The following **must be avoided** during first 10 days post procedure:

* Applying makeup, strong cleanser, facial exfoliating products, toner, Etc. on the brows for 10 days
* Practicing sports, working out as sweating can cause the pigment to fade prematurely.
* Swimming, steam/dry sauna, hot bath, or Jacuzzi
* Sun tanning or salon tanning. Absolutely No Sun, sweating, or tanning prior to the procedure or after the procedure for 2 weeks. Do not have a tan/sunburn on your face prior to your procedure. The tan will exfoliate and taking color with it as it fades.
* Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic Acid on the face or neck
* Picking, peeling, or scratching of the pigmented area in order to avoid scarring of the area or removal of the pigment
* Touching of the eyebrow area except for when rinsing and applying the post-care cream with a cotton swab
* Itching and flaking may appear during the first seven days post procedure. However, experience has shown that by following these after-care instructions, these symptoms may quickly disappear. Gently tap on brows to relieve the itch.