

Client Medical History Form

Name _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Email: _____ Date of Birth: _____

Emergency Contact: _____ Home #: _____

Do you presently have or previously had any of the following: (Circle yes or no)

- | | |
|---|--|
| Yes No History of MRSA | Yes No Chemotherapy/ Radiation |
| Yes No Botox | Yes No Tan by Booth or Sun |
| Yes No Diabetes | Yes No Accutane or Acne Treatment |
| Yes No Lip fillers/Restylane/Juvederm | Yes No Contact Lenses Now |
| Yes No Cold Sores/ ever Blisters Ever | Yes No Alcoholism |
| Yes No Blepharoplasty (Eyelid surgery) | Yes No Abnormal Heart Condition |
| Yes No Hepatitis (A,B,C,D) | Yes No Eye surgery/ Injury/Corneal Abrasion |
| Yes No Forehead/Brow Lift | Yes No Take Meds Before Dental Work |
| Yes No Easy Bleeding | Yes No Chemical Peel (last treatment _____) |
| Yes No Face Lift | Yes No Pregnant Now/Breast Feeding Now |
| Yes No Brow or Lash Tinting | Yes No Autoimmune Disorder |
| Yes No Oily Skin | Yes No Cancer (Year _____) |
- Yes No** Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin, etc. _____
- Yes No** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc. _____
- Yes No** Allergies to metals, food, etc.

Yes No Any diseases or disorders not listed:

Yes No Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?

Please list medication or vitamins you're presently taking:

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

Signature _____
Date _____

Consent and Release Agreement for Permanent Cosmetics

This form is designed to give information needed to make an informed choice of whether or not to undergo a permanent cosmetics application. If you have questions, please don't hesitate to ask. Although permanent cosmetic tattooing is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing. All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are strictly followed. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is expected to need a touch up after the healing is completed. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 10-50%, soften and look more natural. The pigment is permanent but will fade somewhat over time and will likely need to be touched-up periodically.

Photography Release Consent

Our insurance company requires "Before" and "After" photos to be taken and kept on file. We would appreciate your permission to also use these photos for advertising. For example, we'd like to possibly use your photos in portfolios, online and in print ads, etc.

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.

Print Name

Signature _____ **Date** _____

Special requests, concerns, or remarks for the technician:

Possible Risks, Hazards or Complications:

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. Lip procedures are more likely to involve some pain.
- **Infection:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, pigment migration or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.

- **Eye Exposure:** There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Priiocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform your technician prior to the procedure,
- **MRI:** Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI technician of any tattoos or permanent cosmetics.
- **Fever Blisters:** If you are prone to cold sores or fever blisters, (herpes simplex), there is a high probability that you will have an outbreak from the procedure. It is advised that you call your doctor for a prescription antiviral to help prevent this from occurring.
- **Allergic Reaction:** There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this.

Please initial to receive patch test: _____

The alternative to these possibilities is to use topical cosmetics and not undergo the Permanent Cosmetics procedure.

Consent and release for procedures performed:

Signature _____ **Date** _____

STATEMENT OF CONSENT AND RECITALS:

Please read and initial all lines:

_____ Aftercare instructions have been explained to me and a written copy will be 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 my technician.

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

_____ Fever blisters may occur in lip procedures in individuals who have the herpes simplex virus and it is my responsibility to obtain a prescription from my doctor for an anti-viral medication to help avoid a breakout.

_____ I understand that Retin-A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas. They will alter the color.

_____ I understand that sun, tanning beds, pools, some skin care products, and medications can affect my permanent makeup.

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

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm scheduling an MRI.

_____ I accept the responsibility to explain to you my desire for specific colors, shape, and position for any procedure done today.

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

_____ I have been quoted the cost of today's appointment. I understand that there are no guarantees that the pigment will seat well or remain in my skin as each person's individual body chemistry is different. I understand that there will be no refunds for this elective procedure. 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) and 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, Sherry Manssur and/or Holly Manssur as my permanent cosmetics technicians to perform on my body the following procedures:

Procedure(s) Desired Today:

Signature _____ **Date** _____

Witness Signature _____ **Date** _____