CLIENT HISTORY FORM

Name	Date	Gender Female / Male	Age
Address	City	State	Zip
Employer / Occupation	Home Phone	Cell Phone	
How did you select me for your procedure services?	E-Mail		

1	YES	NO	Are you pregnant or nursing?	27	YES	NO	Do you have prosthetic implants?
2	YES	NO	Have you had any alcohol in the last 24 hours?	28	YES	NO	Do you consume aspirin daily?
3	YES	NO	Have you ever had cold sores or fever blisters?	29	YES	NO	Are you under treatment for depression?
4	YES	NO	Do you have any allergies to latex?	30	YES	NO	Do you have any type of herpes?
5	YES	NO	Have you had a laser or chemical peel within 6 months?	31	YES	NO	Are you sensitive to petroleum-based products?
6	YES	NO	Have you ever had any permanent cosmetics or tattoos applied?	32	YES	NO	If you have permanent cosmetics or tattoos, did you have any problems with healing after they were applied?
7	YES	NO	Do you bruise easily for no obvious reason?	33	YES	NO	Are you undergoing radiation or chemo-therapy treatment?
8	YES	NO	Do you routinely use Retin-A, glycolic, or other exfoliating products?	34	YES	NO	Are you now, or have you ever been on the acne treatment Accutane?
9	YES	NO	Do you wear contact lenses?	35	YES	NO	Are you wearing a pacemaker?
10	YES	NO	Are you allergic or sensitive to any metals, for instance metals used for jewelry?	36	YES	NO	Do you take prescription drugs?
11	YES	NO	Do you have any problems healing?	37	YES	NO	Are you anemic?
12	YES	NO	Is your skin oily?	38	YES	NO	Do you have a history of skin sensitivities?
13	YES	NO	Do you use tobacco? If you use tobacco you may heal slower and this affects the timing on scheduling a touchup appointment, if applicable.	39	YES	NO	Do you have any medical condition that has resulted in a medical professional requiring you to pre-medicate with an antibiotic prior to a dental or other invasive procedure?
14	YES	NO	Do you have any heart conditions?	40	YES	NO	Do you have allergies to makeup?
15	YES	NO	Are you diabetic? If so, Type 1 or Type 2?	41	YES	NO	Do you have dry eyes?
16	YES	NO	Do you have any autoimmune disorders?	42	YES	NO	Do you intentionally tan – Direct sun or tanning bed?
17	YES	NO	Are you sensitive or allergic to hand creams or body lotions?	43	YES	NO	Do you personally have any history of cancer?
18	YES	NO	Do you have your lips injected with filler materials?	44	YES	NO	Do you have a history of stroke or heart attack?
19	YES	NO	Do you have botox injections?	45	YES	NO	To your knowledge are you allergic or resistant to over the counter level numbing products such as ELA-Max?
20	YES	NO	Do you menstruate? If yes: Next cycle date_____	46	YES	NO	Do you hypo-pigment? (Lack of pigment on the skin)?
21	YES	NO	Do you hyper-pigment? (Tendency to develop dark spots on the skin from wounds or sun)?	47	YES	NO	Are you allergic to hair dyes?
22	YES	NO	Do you tend to develop keloid or hypertrophy scars?	48	YES	NO	Do you have glaucoma or any other eye disease?
23	YES	NO	Do you scar easily from minor skin injuries?	49	YES	NO	Do you have arthritis?
24	YES	NO	Do you have any seizure related conditions?	50	YES	NO	Do you have high or low blood pressure?
25	YES	NO	Do you tend to faint or become dizzy?	51	YES	NO	Do you have sinus problems?
26	YES	NO	Do you bleed excessively from minor cuts?	52	YES	NO	Have you experienced Hepatitis or Jaundice during the past 12 months?

If you answered "Yes" to any questions above, use the reverse side of this form to provide an explanation. Correlate your explanations to a specific question number. A "yes" answer does not indicate you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to me as your technician as each person's body is unique, or it may indicate that based on any health conditions that affect healing, it would be advisable or required for you to consult with your physician before proceeding. If this form has not addressed a medical condition you have, please list it on the back.

INFORMED CONSENT/ASSUMPTION OF RISK

Please review the section below, filling in the blanks, and initial where appropriate.

The nature and method of the proposed permanent makeup (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration, swelling; fever and/or blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the procedure may occur; however, if properly cared for, occurrence is rare. Having been fully informed about the risks inherent in this procedure, I understand and agree voluntarily to assume all known risks inherent in such procedure.

I, _____ acknowledge by signing below that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedure/s. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the matters set forth below, and I agree as follows:

- I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, numbing creams, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have fully informed the practitioner of any existing problems. _____ (Initial)
- I acknowledge that complications are always possible as a result of the permanent makeup procedure particularly in the event that post procedural instructions are not followed. _____ (Initial)
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin will react as a result of the procedure. _____ (Initial)
- I acknowledge that the procedure will result in a permanent change to my appearance as well as possible asymmetry and no representations have been made to me as to the ability to later change or remove the result _____ (Initial)
- I understand that tattoo inks, dyes, pigments have not been approved by the Federal Drug Administration (FDA), and the health consequences of using these products are unknown. _____ (Initial)
- I understand that future laser treatment or other skin altering procedures, such as plastic surgery, implants, and/or injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may or may not be correctable through further permanent makeup procedures. _____ (Initial)
- For the purposes of training, education or assistance, I consent to the admittance of authorized observers to the procedures(s). _____ (Initial)
- I acknowledge that submitting to permanent makeup procedures(s) is of my choice alone, and I consent to the application, to the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner's associates reasonably necessary to perform the procedure(s). _____ (Initial)

(continuation informed consent)

- I acknowledge that I was advised to obtain a prescription anti-viral medication from my physician before undergoing a lip color procedure. especially if I have a history of cold sores _____ (Initial)
- I obtained _____ (Initial) a prescription anti-viral medication prior to my lip color procedure.
- I waive _____ (Initial) the anti-viral medication that I was advised to obtain. I release the technician from any liability for my decision not to obtain the anti-viral medication.

- I acknowledge that there could be a possible allergic reaction to the numbing cream applied on me and that the artist or artist's associate does not guarantee a pain free procedure. _____ (Initial)

I have read and understand the contents of each paragraph above. I acknowledge this is a binding legal contract and that I have received no guarantees or warranties with respect to the benefits or results to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure, I was of sound mind and capable of making independent decisions for myself.

_____ _____

Client Signature Date

I have personally reviewed the above information with my client or the client's representative.

_____ _____

Artist's Signature Date

CONSENT TO APPLICATION OF PERMANENT MAKEUP PROCEDURE

I, _____ am over the age of 18, and not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

Procedure _____ $_____
Procedure _____ $_____
Procedure _____ $_____

Number of free touch up visits required within a 12-month period: Ø_____
Yearly color boost procedure does not include a touch up _____

If for whatever reason I change my mind and decide not to obtain all sessions I paid for I understand that there is a no money back policy. I agree that this transaction is final; there are strictly no substitutions, exchanges or refunds. _____

I am aware that permanent makeup is a layering process and that the outcome varies per person. I hereby give my technician the right to decide what is best and whether or not additional touch ups are necessary. _____

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, asymmetry, and spreading, fanning or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). _____

There is a possibility of an allergic reaction to pigments. A patch test is advisable; however, it does not ensure a client will not have an allergic reaction. I consent _____ or waive _____ the patch test. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. _____

I have received pre- and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood-altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. _____

"I as the client hereby acknowledge that the provider herein maintains the right to refuse service or any future service to any client or customer. If a situation arises whereby the provider terminates our relationship, the parties agree to peacefully and cordially discuss any potential refunds or terms of separation to minimize the harm to either" _____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done. Further, I consent to have all consultations and procedures recorded on video, as part of my permanent office record _____. Such video and photos shall be destroyed from time to time as part of routine records management.

Client: _____ Date: _____

Artist: _____ Date: _____