NEW CLIENT CONSENT FORM FOR PERMANENT MAKEUP

Name _____ Date _____

Address_____
Street City State Zip Code

Cell Phone _____ Email _____ Referred By _____

D.O.B_____ ID# or DL#_____ State_____

To avoid unforeseen complications, please answer the following questions:

❒**Yes** ❒**No** Are you under the age of 18? Legal guardian's initials:
❒**Yes** ❒**No** Have you had any alcohol, aspirin or blood thinning products within the last 7 days?
❒**Yes** ❒**No** Have you had any mood altering drugs within the last 8 hours?
❒**Yes** ❒**No** Do you have any history of cold sores, herpes, or fever blisters?
❒**Yes** ❒**No** Are you sensitive to Latex?
❒**Yes** ❒**No** Have you ever had a reaction to products with a petroleum base? *(e.g. Aquaphor, A & D Ointment)*
❒**Yes** ❒**No** Have you had botox, lip fillers, chemical or laser peel? If so, when?_____
❒**Yes** ❒**No** Do you have problems with healing?
❒**Yes** ❒**No** Have you had previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
❒**Yes** ❒**No** Are you currently undergoing radiation or chemotherapy?
❒**Yes** ❒**No** Are you currently using Retin-A or "Alpha Hydroxy" skin care products?
❒**Yes** ❒**No** Do you wear contact lenses?
(if yes, I understand they must be removed before my eyeliner procedure and should not be replaced until the next day.)
❒**Yes** ❒**No** Do you wear a pacemaker?
❒**Yes** ❒**No** Are you allergic to any metal? *(e.g. you can only wear 14K gold)*
❒**Yes** ❒**No** Have you ever had any permanent make-up procedures before?
❒**Yes** ❒**No** Is your skin excessively oily?
❒**Yes** ❒**No** Are you presently taking any medication, including immunosuppressive, such as anti-inflammatory or steroids?
❒**Yes** ❒**No** Do you have ill effects from withdrawal from caffeine products?
❒**Yes** ❒**No** Are you allergic to topical antibiotic preparations or numbing desensitizers?
(e.g. Polysporin, Bacitracin, Neosporin, or "Caine" family of drugs)
❒**Yes** ❒**No** Is there any history of skin diseases or remarkable skin sensitivities?
❒**Yes** ❒**No** Are you presently taking Vitamins A and/or E in any form?
❒**Yes** ❒**No** Are you pregnant or nursing?
❒**Yes** ❒**No** Do you use tobacco?
❒**Yes** ❒**No** Are you required to take antibiotics during dental or invasive medical procedures?

Please check any of the following which pertain to you:

- ❒ Heart conditions
- ❒ Allergies to makeup
- ❒ Accutane treatment
- ❒ Dry eyes
- ❒ Menstrual cycle
- ❒ Keloid or hypertrophy scars
- ❒ Diabetes
- ❒ Stroke
- ❒ Shortness of breath
- ❒ Alopecia
- ❒ Epilepsy/seizures of any kind
- ❒ Autoimmune disorders
- ❒ Anemia
- ❒ Arthritis
- ❒ Head injuries
- ❒ Glaucoma
- ❒ Sinus problems
- ❒ Migraines headaches
- ❒ Trichotillomania
- ❒ Prosthetic implants
- ❒ Cancer (any type)
- ❒ Prone to gagging
- ❒ Hepatitis/jaundice
- ❒ Gore-Tex implants
- ❒ Kidney disease
- ❒ Fainting or black-out spells
- ❒ Tendency to develop fever blisters on the lip
- ❒ Tendency to bleed excessively from minor injuries
- ❒ Tendency to scar from minor skin injuries
- ❒ Chronic coughing
- ❒ Hyper-pigmentation (darkening of the skin)
- ❒ Aspirin consumption
- ❒ Hypo-pigmentation (lightening of the skin)
- ❒ High blood Pressure
- ❒ Low blood Pressure
- ❒ Ocular herpes
- ❒ Neck/back pain
- ❒ Other medical conditions (explain below)

Please explain if any of the answers to the first section were answered **YES** or if any of the conditions in the second section were checked as pertaining to you. Use the reverse side of this form if additional space is required.

_____

_____

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent make-up application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent make-up.

_____ _____

Client's Signature Date

INFORMED CONSENT FOR PERMANENT MAKEUP

The nature and method of the proposed Permanent Make-up (tattoo) procedure has been explained to me as have 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 and swelling; fever 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 area of the procedure may occur, however, if properly cared for, is rare.

I,_____ acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about obtaining of any permanent cosmetic procedures at Dermaluxe Spa. 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 fact and matters set 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, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. _____(initial)
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural (after care) instructions are not followed. _____(initial)
- I acknowledge that hyper-pigmentation (darkening of the skin), hypo-pigmentation (the absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during this procedure. I realize that my body in unique and the practitioner or any of the practitioners associates cannot predict how my skin may react as a result of the procedure. _____(initial)
- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result. _____(initial)
- I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants, and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioners associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures. _____(initial)
- I am aware that cosmetic tattooing is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure. _____(initial)
- I authorize the practitioner and/or any of the practitioners associates to obtain per-procedural and post-procedural photographs, and give them permission to use such photographs for publication and/or teaching purposes as they choose. _____(initial)
- For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). _____(initial)
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioners associates reasonably necessary to perform the procedure(s). _____(initial)
- I have had the patch test procedure explained to me. I do/I do not ***(circle your choice)*** choose to have the patch test. The choice releases the practitioner and/or any or the practitioners associates from any liability related to any allergic or other reaction to applied pigments. _____(initial)
- I am aware that the Herpes Simples 1 and the Papilloma Viruses may manifest with the lip procedure due to trauma to the lip tissue. Herpes Simples 1 Virus is normally treated with anti-viral medications, some of which are available by prescription only. _____(initial)

- The fee for services has been explained to me and is satisfactory. I understand the total fee for services rendered is due upon completion of the initial procedure and that there will be separate fees for any necessary modification of pigment color or shape (outside of initial procedure and one or two follow-up appointments) depending of the procedures. Because Permanent Make-up is a service, the practitioner employs a no refund policy. For many skin types, Permanent Make-up may be a multi- step process. I must schedule the follow-up visit no sooner than four weeks after each procedure. Subsequent visits will be subject to an additional fee. _____(initial)

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees. I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself. _____(initial)

_____ _____

Clients signature Date

_____ _____

Practitioners signature Date