

CLIENTELE FORM

Name	Email	Date
Address	City	State/Zip
Referred by	Phone	Carrier

TO AOID COMPLICATIONS ANSWER THE FOLLOWING QUESTIONS, IF YES PLEASE EXPLAIN:

Y N	Are you under the age of 18?
Y N	Have you had any aspirin or blood thinning products within the last 7 days?
Y N	Any mood altering drugs within the last eight hours?
Y N	Do you have any history of cold sores, fever blisters or herpes on the lips EVER?
Y N	Have you had a chemical or laser peel? If so when?
Y N	Do you have problems with healing?
Y N	Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?
Y N	Are you currently undergoing radiation or chemotherapy?
Y N	Are you currently using Retin-A or Alpha Hydroxy skin care products? Accutane Treatment?
Y N	Are you allergic to any metal? (e.g. Can you only wear 14K gold)
Y N	Have you ever had any permanent makeup procedures before?
Y N	On medications such as immunosuppressive, anti-inflammatory or steroids?
Y N	Do you get withdrawal symptoms from caffeine products?
Y N	Are you allergic to topical antibiotic preparations? (e.g. Polysporin, Bacitracin, Neosporin, or Petroleum)
Y N	Are you allergic to topical numbing solutions? (e.g. "Caine" family of drugs)
Y N	Is there any history of skin diseases or remarkable skin sensitivities?
Y N	Are you presently taking Vitamins A and/or E in any form?
Y N	Are you pregnant or nursing?
Y N	Are you required to take antibiotics during dental or invasive medical procedures? Why?
Y N	If you are having an eye procedure, Did you wear contact lenses?

CHECK ALL THAT PERTAIN TO YOU, IF YES THEN PLEASE EXPLAIN BELOW:

Heart Conditions	Chest Pains	Shortness of Breath	Stroke	Tendency to bleed	Diabetes	Hepatitis/ Jaundice/ HIV	
Cancer/ What type?	Kidney Disease	Epilepsy/ Seizures of any kind		Alopecia	Fainting spells	Glaucoma	Dry Eyes
Refractive eye surgery	Ocular herpes	Tendency to rub your eyes		Keloid scar formation	Hypertrophic scar formation		
Shingles (where?)	Trichotillomania	Botox or injected fillers / Graves' Disease			Hyperpigmentation (darkening of the skin)		
Allergies to makeup	I have pets in my home	Rosacea	Chapped lips / I use Lip Stain Products				

EXPLAIN:

Dr. Name		Phone	
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The Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. Of you are healthy and there are no visible reasons restricting you from receiving a tattoo, you may be a candidate for permanent makeup. All permanent makeup pigments are not FDA approved.

Sign: _____

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POST PROCEDURE CARE

Failure to follow Post-Procedure instructions might result in loss or discoloration of pigment. Please do not hesitate to call _____ if you have any questions.

Read and Follow the instructions thoroughly.

Care Instructions:

- Expect light to moderate swelling and redness for a couple of days especially in the mornings.
- Keep area clean and dry for 48hrs.
- Wash with warm washcloth.
- You will rinse your eyes as needed to avoid itchiness and to keep them clean, dry your lashes with a q-tip to avoid eyelashes from sticking together.
- Use product if needed.
- When you apply the product leave it on for 10 minutes then wipe it off with a clean tissue to remove excess product 2Xs a day for 7 days
- When fully exfoliated the product may stay the area.

Recommended products:

EYES:

- Eye wash/ Saline solution (Sterile Water) sold at CVS.
- Arnica (Inhibits bruising) sold at Sprouts

BROWS:

- Aquaphor sold at CVS
- Healquick stick sold at studio

LIPS:

- Liprotek sold at studio
- Aquaphor sold at CVS
- Healquick stick sold at studio

Known possible complications are:

- Redness
- Swelling
- Puffiness
- Bruising
- Dry patches
- Tenderness
- Itchiness

How long?

- Healing time is 7 days.
- If you have doubts, call before making any decisions.
- **If signs of infection occur (oozing, heat, increased swelling, redness in eyes) go to a physician immediately.**

It's OK!

- Wash your hands often to avoid infection.
- Use new pillowcase.
- The color may be too dark at first.
- The color may appear to be coming off when exfoliation begins.
- Color will be true around day 21.
- It is normal to lose $\frac{1}{3}$ - $\frac{1}{2}$ of the color after initial appointment.
- **Please inform your physician of your permanent makeup when receiving and MRI or CAT scan. Some pulling or burning can occur.**

The Don'ts!

- **NO Peroxide or Neosporin on area.**
- **DO NOT scrub/ scratch/ pick the area.**
- **DO NOT stretch or rub the eye area as this may cause migration.**
- **NO skin care products on the area.**
- **NO swimming, facials, or whirlpools.**
- **DO NOT dye or tweeze area.**
- **NO vigorous exercise for 24 hours.**
- **NO makeup on the area.**
- **Avoid pet dander due to it carries staph bacteria in the fur.**
- **Avoid blowing your nose during lip procedures to avoid staph infections.**

By initialing this document, I acknowledge that I have received a copy of these instructions and will follow them to the best of my ability. If I deviate from the instructions, I will be responsible for the consequences of my actions, whatever these may be.

Initial Here _____

CLIENTELE FORM

Photography Release

Photographer Name and address	
I understand the taking of before and after photographs are required.	
I acknowledge that the Permanent Makeup Practitioner may use my pictures for legal purposes.	
I will let the Permanent Makeup Practitioner use my photos for advertising purposes.	Y N
For valuable consideration, I _____, hereby irrevocably consent to and authorize the use and reproduction by you and/or anyone authorized by you, of any and all photographs which you have taken of me, negative or positive, and of which the proofs are hereto attached, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints, shall constitute your property, solely and completely. I assign to you the right to copyright photography.	
	Initial

Herpes Simplex Release for Lips

<p>If you have ever had a cold sore in your life, you have the herpes virus in your system and must be on medication before, during and after all lip procedures. If no medication is taken the outbreak can be sever and cause swelling with many blisters and pain. This can possibly leave you with scar tissue damage and loss of feeling in the area. It will also result in loss of pigment. This will cause future difficulty putting pigment into the area where the scar tissue is present.</p> <p>You will be required to prevent such outbreaks by contacting your physician to obtain the proper prescription medication. We are not a medical facility and do not have the ability to recommend or prescribe these medications.</p> <p>Many physicians prescribe this medication to be taken 2 days before and 4 days after. This medication must be taken every time you have a lip procedure done, as the virus stays dormant in your system until a next outbreak appears.</p> <p>I understand the consequences and will be responsible for contacting my doctor and receiving the right medication to prevent such outbreaks.</p>	Initial

CLIENTELE FORM

Informed Consent

Please read and initial the following statements:	Initial
I waive ___ or consent ___ to a patch test. If I consented, I understand this does not insure that I will not have a reaction to the pigment. If I waived, I release the technician from all liability if I develop and allergic reaction to the pigment.	
I understand that the process of permanent makeup is not a one-step process and requires subsequent visits to achieve desired results. I further understand that if this is my first time receiving permanent makeup that it needs to be completed within a three-month period or additional fees may apply. Also, subsequent maintenance visits are needed, and these may vary from six months to two years.	
I understand that with time, pigment can, and will fade and change in color according to my metabolism, skin type, and age, sun exposure, smoking, alcohol, medications, skin care products.	
I acknowledge that no guarantees have been made to me concerning the results of this procedure and that the professional recommendation is a NATURAL LOOK.	
I understand the nature of permanent makeup procedures and it 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 discoloration and swelling. Pigment migration, fading or loss of pigment may occur, also, fever blisters, corneal abrasion, and a metal reaction. Secondary infections may occur; however, if properly cared for, occurrence is rare. I understand that the use of lip stains can have a reaction to the pigment.	
I acknowledge that complications are always possible as a result of the permanent makeup procedure, particularly in the event that post-procedural care is not followed. I have received and acknowledge pre and post procedure protocols and agree to strictly adhere to the instructions.	
I understand that the pigments are accepted but are not regulated by the FDA as of this time.	
I understand that due to the iron oxides in the pigment, that MRI complications are possible.	
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.	
I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be slightly modified due to the tone and color of my skin.	
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 makeup. I further understand that such changes are not the fault of the practitioner. I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures.	
I realize that my body is unique and the practitioner cannot predict how my skin may react as a result of the procedure and 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.	
I acknowledge that the obtaining of permanent makeup 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 associates reasonably necessary to perform the procedure(s).	
For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s).	
I give my consent to _____ to confer with my physician for medical information required for the safety of the procedure if the practitioner feels it is necessary and I agree to accompany the practitioner to the emergency room in the event of an accidental needle stick with my needle, take a blood test for their safety and disclose all test results to my practitioner.	
I am aware that if an infection occurs after I have received permanent makeup that I should see my primary physician or go to the emergency room IMMEDIATELY.	
I fully understand this is a tattooing process; therefore, not a science but an art form, and that it is not refundable!	
Sign:	Date:

CLIENTELE FORM

AGREEMENT TO SUBMIT TO ARBITRATION

Any dispute between the undersigned Client and _____ arising out of or in connection with any procedure performed by the above, shall first be submitted to mediation before Judicial Arbitration and Mediation Services (JAMS) in _____ County, _____ (state), with each party sharing the costs of such mediation equally, payable to JAMS in advance of scheduling any such mediation session. If such mediation fails to resolve any such dispute, then the dispute shall be submitted to arbitration before JAMS. Any award shall be final and binding upon the parties and judgment of such award may be entered in any court or tribunal having jurisdiction. The prevailing party at such arbitration shall recover reasonable attorneys' fees as an element of damages.

DATE:

PRINT NAME (CLIENT)

SIGNATURE

CLIENTELE FORM

Consent Form

Name :	Date:
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I hereby request and consent to the application of permanent color and consent to have the following and all procedures performed by the practitioner.	Practitioner:
New Client Procedure	Price
Packages	Price
First Appointment only	Price
Touch up (1-2 years)	Price
Per Appointment Procedures	Price
UNDERSTANDING THE PROCESS	Initial
I accept that prices are subject to change in the future due to any adjustments that may not be foreseen.	
I understand that perfecting visits must be completed in a three-month period or fees may occur.	
I understand that permanent makeup is a multi-session process and can take many layers to complete my look.	
I understand that lifestyles can affect the length of time required between yearly touchups.	
Note: All services are priced at the practitioner's discretion, she reserves the right to price clients as she sees fit. Prices may vary without warning. Keep up with your touchups as they are vital to the longevity of your permanent makeup.	
RECAP	
Permanent makeup is a multisession process. We use pigment not ink so it wears differently in the skin and the colors we use are in tones that are more natural and are subject to fading quicker. Communication is very important in determining your outcome. Micro-pigmentation is not a science and there are no guarantees on the amount of appointments you will need to complete your look.	
The term "Permanent Makeup" is actually "Extended Wear Cosmetics" and will fade in varying degrees with different individuals. Because we are all unique, some clients will need a touchup sooner than others. Due to the varying degrees of application complexities associated with the lip (skin texture, scarring or wrinkles from cold sores, age, laser treatments, medications, smoking, sun exposure and skin resurfacing creams) "perfect" results cannot be guaranteed. Therefore, if irregularities in the lip color develop from the above-mentioned conditions, additional procedures may be needed at a cost.	
Understand that natural and unnatural exfoliation of the skin happens and can affect your permanent makeup.	
I understand that secondary infections can occur from what I come in contact with when I leave the Studio.	
I have read and understand the contents of each paragraph above and within. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits 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(s), I was of sound mind and capable of making independent decisions for myself.	
I understand that due to the iron oxides in the pigment MRI complications are possible.	
I release _____ from any and all liability. I am responsible for all decisions made herein.	
Sign:	Date:

