

Medical History & Consent Form

Name: _____ Birth date: _____
Address: _____ Date: _____
Email: _____ Phone: _____
Procedure: _____ Technician: _____
Consent to have photos/video taken and potentially used online/for social media: Y / N

You have the right to be informed so you may make the decision whether or not to undergo the procedure(s) knowing the risks and hazards involved. Please read the statements below and write initials before each one, to indicate you understand them completely. It is your responsibility to inform the technician of all possible concerns before they begin your procedure.

___ I understand permanent makeup is a form of tattoo that requires implantation of pigment into my skin using a needle.

___ I am the person on the legal ID I have presented as proof that I am at least 18 years of age.

___ I am not under the influence of alcohol or drugs or any other substances.

___ I am not pregnant

___ All questions about the permanent makeup procedure have been answered to my satisfaction.

___ I have received aftercare instructions and will ask questions if I don't understand them. Further, I agree to follow all instructions concerning care of my procedure.

___ I understand there may be risks and hazards related to the performance of this procedure, including but not limited to: allergic reaction to the pigment/other products that will be used, lightheadedness, bleeding, bruising, swelling, scarring, and infection.

___ I understand it is my responsibility to advise my technician of any problems that I or my doctor think could occur for any reason (included but not limited to: allergies, illnesses, medications including aspirin/blood thinners.)

___ I understand the technician my elect to delay or not go forward with the procedure

based on my medical information.

___ I understand there is a no refund policy and no warranty or guarantee has been made to me as a result of this permanent makeup procedure, and although my technician will do their best to make sure I am happy with the result, the final result cannot be guaranteed. Tattooing is considered permanent, however, it will fade with time and therefore require touch ups. Factors that can affect healing or the final result are skin type, medication, aftercare, and lifestyle.

___ I understand some permanent makeup can only be removed with a surgical procedure, and any effective removal may leave permanent scarring.

___ I understand that tattoo inks/dyes/pigments have not been approved by the FDA and that the health consequences of these products are unknown.

___ I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

Confidential Medical History

- Did you eat in the last 4 hours? Yes / No
- Have you had Botox/Dysport or any fillers in the last two weeks? Yes / No
- Are you currently using any products containing Retin-A or Hyaluronic Acid (or a similar ingredient)? Yes / No
- Do you use any medications that might affect the healing of the procedure?
• Yes / No If yes list here: _____
- Are you allergic to Latex? Yes / No
- Are you allergic to shellfish/Iodine? Yes / No
- Are you allergic to lavender? Yes / No

List all other allergies here: _____

Check any conditions listed that apply to you: Diabetes() Epilepsy() Asthma()
Fainting/Dizziness() Heart Condition() Hemophilia() Blood Thinners()
Herpes[cold sores]() Pregnancy/Nursing() Eczema/Psoriasis/Other Skin
Conditions() Scarring/Keloiding()

List any other medical conditions here: _____

The information i have provided above is complete and true to the best of my knowledge. Signature:_____ Date:_____

I, _____ certify that this Informed Consent, Medical History and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge. I also certify that I have been fully informed of the risks of tattooing/permanent makeup application, including but not limited to: infection, scarring, difficulties in detecting melanoma, and allergic reactions to pigment or other products used during the procedure. Having been informed of all the potential risks associated with this procedure, I still wish to proceed with the application and I assume any and all risks that may arise from the procedure. I also certify that I take full responsibility and waive any claims against the technician/business to the fullest extent permitted by law from all liability whatsoever, for any and all claims including any direct or consequential damages, which result or arise from the application/implantation of permanent makeup pigment for eyeliner, eyebrows, lips, repigmentation, camouflage or otherwise, whether caused by the negligence or fault of the technician, business, or otherwise.

Signature: _____ **Date:** _____

For Technician Use Only

Machine/needle types used: _____

Pigment brand, color, and number: _____

Sterilization date & date used for single use implements _____

Additional Notes: _____

