

General Consent Form for Permanent Makeup Procedure

Name: _____

Address: _____

Date of Birth: _____ Occupation: _____

Phone number: _____

Email: _____

<i>SERVICE(S)</i>	<i>REQUESTED</i>	<i>TODAY:</i>

I hereby authorize Kristina Davidson DBA Permanently Perfect Makeup, LLC to perform upon myself a permanent cosmetic enhancement.

I understand that permanent cosmetic enhancement is an advanced form of tattooing.

I accept responsibility for approving the color, shape and position of the enhancement as agreed during the course of my pre-drawing portion of the appointment.

I understand that a sensitivity test for pigment does not guarantee that I will not have an allergic response. I am aware of that allergic response to pigment is extremely rare and accept all responsibility if allergic response occurs.

I am aware that a sensitivity reaction to anaesthetics can occur and accept all responsibility if allergic response occurs.

I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over the course of 1-3 years. Even though the color will fade significantly over the course of time, the pigment will stay in the skin indefinitely and may leave a light hint of color.

I understand that the highest standards of hygiene will be met, and that sterile disposable needles are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a touch-up procedure that is not included in the initial price.

I understand that the touch up procedure(s), if required, will be performed 1-4 months after the initial procedure and that after a 4-month period I will be charged an additional fee for any procedures. I understand that a touch-up procedure takes place 3- 4 weeks after the initial application to allow the procedure site to fully heal. It is my responsibility to book the appointment on my own.

I understand that the pigment may migrate under the skin, however this is a rare occurrence.

I understand that permanent cosmetic enhancement is an invasive procedure and the process could cause discomfort. The highest degree of care will be taken to ensure my comfort through the use of topical anaesthetics which numb the area to be treated.

I understand that in extremely rare cases corneal abrasion can occur during eyeliner procedures.

I am aware that the final results of the procedure are determined by the following:

Medication

Skin Characteristics - i.e. dry/oily/sun-damaged

Natural skin undertones

Alcohol intake and smoking

General stress

A compromised immune system

Poor diet

Post procedure care treatment

I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which will subside within 1-4 days, dependent on lifestyle. In some cases bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, applying cosmetics to the treated area, prolonged exposure to water, being in overly windy conditions such as riding a motorcycle without a helmet, exposing treated area to lake or ocean water, scratching or itching of the permanent makeup, excessive perspiration and exposure to the sun should be limited for up to two weeks following the healing process.

I understand that immediately after the procedure the enhancement can be **30 to 50% darker than the desired result and can take between 4-10 days to lighten**. I understand that the final color will take 1 month to reveal itself after each application, and that the color may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skins accept color more readily than others and no guarantee of an exact effect or color can be given.

I am aware that if I have had a previous outbreak of cold sores/herpes of the mouth region and receive permanent makeup to my lips I may have an outbreak again following the procedure. I have been made aware that a course of anti herpes medication (such as Valtrex or Zovirax) should be obtained and used starting the day of the procedure as this has shown to prevent or minimize such outbreaks.

I am aware that that if I have had a previous eye disorder or eye infection and receive an eyelash enhancement, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder reoccurring.

I am aware that even though my vision is not affected by permanent cosmetic eye enhancements I may wish to have someone drive me home.

I have been informed that I must be off lash growth/conditioning products at least 1 month prior to my eyeliner procedure to ensure best results. I have been informed that the procedure may be stopped by the technician if bleeding occurs due to failure of discontinuing lash growth products for a long enough period of time before the actual procedure date.

I understand that I may experience dry lips for up to two weeks following permanent cosmetic lip enhancement.

I understand that scar camouflage procedures require skin colour-matching tests before the procedure commences and will not give the result of an undetectable scar.

I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however is a process.

I agree to inform my doctor of my permanent cosmetic enhancement if I require an MRI scan within a 3 month period of receiving the procedure.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the practitioner. I understand that infection and possible scarring can occur if I do not adhere to said instructions. To my knowledge I do not have

any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am at least 18 years old. I am not under the influence of drugs or alcohol.

For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s) area. I understand that my photos will be used for marketing and advertising purposes unless I specifically state I do not want them to be used for these purposes.

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE PERMANENT COSMETIC ENHANCEMENT OF MY OWN FREE WILL.

Client Name.....Signature.....Date.....

Practitioner Name..Kristina Davidson.. Signature.....Date.....

Subject to, the agreed design being shown to myself, as well as digital photographs,

I(Client's Name) sign to say this is a true picture of the template of what design is required. I sign also to digital photos being taken immediately after my treatment so that there is a true comparison between what was requested and what was delivered.

Signed Date.....

INDIVIDUAL CONSENT

- I declare that I give my full consent to the tattooing being carried out by the aforementioned practitioner. I confirm that potential complications, e.g. infection and swelling, for the procedure undertaken, and aftercare instructions have been explained to me. A written aftercare advice sheet containing more detailed information has been given to me and I agree that it is my responsibility to read this and follow the instructions on it, until the treatment area has healed.
- I confirm that the above information provided by me for this consent form is correct to the best of my knowledge, that I am over the age of consent for this procedure (i.e. 18 years old for tattoos) and that I am not currently under the influence of alcohol or drugs.
- **It has also been explained to me the color will appear 30-50% darker the day of the procedure before exfoliation occurs.** I understand this fact and agree that no changes to the tattoo created during my appointment (removal) will be allowed at the end of the procedure because I feel the color is too dark.

Signature of Client: _____ Date: _____

Signature of Operator: _____

Appropriate aftercare advice sheet given

Signed: _____

HEALTH QUESTIONNAIRE CONTINUED

On acutane now or in the past year? yes no

Pregnant or breastfeeding? yes no

taking fish oil, krill oil, vitamin e oil, flaxseed oil...ANYTHING WITH THE WORD OIL in the supplement? yes no

Chemical peel or laser resurfacing within the past month? yes no

Taking a diuretic? yes no

Diet pills, pre-workout pills, ephedra, ma huang, Niacin? yes no

Take Adderall?

High caffeine consumption on a regular basis such as Red Bull or multiple espresso shots? * yes no

Rheumatoid Arthritis or any other inflammatory type disease? yes no

Multiple Sclerosis? yes no

Lupus? yes no

Any Blood clotting disorders? yes no

Diabetes?

Under Control?

History of Poor Healing?

Under the care of a physician?

High Blood Pressure? * yes no

Taking any spices or herbs on a regular basis? This could be in the form of a pill or a tea. Cinnamon, Gingko Biloba, Cayenne Pepper or any other spice to "warm the body"?

yes no

Please confirm you have avoided alcohol, espresso and other high caffeine containing beverages for at least 4 hours pre-appointment. Initial please _____

Please confirm you have avoided consuming high amounts of caffeine (3 or more espresso drinks) and alcohol (no more than one glass of wine or one REGULAR sized cocktail) the night before your appointment if you were scheduled for a morning appointment.

Please confirm your understanding that there is a risk of triggering a cold sore if you have a history of herpetic outbreak around the mouth and are choosing to not take an anti-viral medication following this treatment.

Initial here please _____

List all the medications you have been taking in the last 6 months

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Alcohol?

Have you received chemotherapy or radiation treatment in the last year? _____

Name of Doctor: _____

Surgery: _____

Allergies: have you ever had an allergic reaction to any of the following:

- | | | |
|----------------------|--------------|-----------|
| Antibiotic ointments | Latex Rubber | Nuts |
| Medication | Metals | Hair dyes |
| Drugs | Foods | Lidocaine |
| Paints | Crayons | Glycerine |

Allergies to Anaesthetics? (which ones) _____

Other allergies (list) _____

Do you numb easily at the dentist? _____

MRI scan scheduled in the next 3 months _____

Laser or IPL scheduled in the next 3 months _____

Do you give blood? _____

Prior to dental procedures do you receive antibiotic therapy? _____

Important information relating to your permanent makeup experience

Please read these important terms so that you understand more about what you can expect from your experience having permanent makeup performed by Kristina Davidson dba Permanently Perfect Makeup, LLC

Please Initial after each section

The annual, 2 year and 3 year touch up appointments are for clients I've already seen. They are not for new people coming to me that had permanent makeup somewhere else and just want it touched up a little. Anytime I see someone else's work it generally needs color correcting and reshaping. I also will not put my stamp of artistry on someone else's design and say I did it - sorry ladies. If you want to have your eyebrows perfected by me you will need to sign up as a new client.

If you are coming to me with previous permanent makeup that is very dense in color the only thing I can do for you is either recommend you go have it removed with laser or I can offer you a removal package which costs \$300 and includes 2 removal appointments scheduled 6-8 weeks apart. 75% of the time 2 removal appointments will give us the amount of removal needed to proceed with a new eyebrow design and permanent makeup application. In some cases a 3rd appointment is required and that appointment will cost \$75 and should finish the removal process and then allow us to move onto creating a new set of brows. Pricing for all procedures is posted on the website where you booked your appointment. At any time, you would like for me to confirm the price before your appointment I am happy to do so.

In some cases a client's old permanent makeup may be faded enough and the shape thin enough that I can perform a color correction appointment which can correct the old pinkish or greyish color. I will do these on a case by case basis as long as the client knows this is just an appointment to correct the color before I'll move onto the next appointment where I'll perform new design and new permanent makeup. The color correction appointment is not an appointment meant to give you the final result and the client must understand subsequent appointments are required to finish the work. Most, if not all, color correction clients should not expect that hair strokes will be visible on top of the old corrected color. The only way they will show is if the old permanent makeup is very thin and light and our new design goes beyond the borders of the old work OR if they undergo removal which I highly recommend so that we can have a fresh start.

Please understand that once you approve the design, I will perform permanent makeup based on that design. I am performing this service for you based on your requested and agreed upon design. Case in point: I've had one client who stated she wanted a refund because she stated she was just being nice to me when she approved the design and then later on decided she didn't like it. Please understand that if you approve it and like it, then I'll give it to you. I can't be held liable for the client having buyer's remorse from something they stated they liked and then later changed their mind. I hope this helps everyone to understand and can plan accordingly for their visit to bring some suggestions of eyebrows they like so we can design properly based on what is in your mind's eye of the style you'd like.

I will give you my best in artistry and have succeeded at pleasing many clients over the years. A client's emotional state is something I take pretty seriously because I've been affected pretty negatively from ignoring the importance of it in the past. Please take note that if I sense we are not a good healthy match for a client/artist relationship then I may choose to not perform the permanent makeup on you. I've made the mistake in the past of trying to help some clients who were somewhat emotionally unstable and paid dearly afterwards.

I will give my suggestions on what style brow would look best based on the anatomical features of your own face and the thickness, arch type and length you specify. There are many times that clients want to start off skinny and then at their touch up they request me to make it thicker with more arch and many other suggestions. As a result of these suggestions I have to completely redesign the eyebrow. This takes more time and causes me to have to start over. At the first appointment I take a great deal of time and care to ensure that the brows are symmetrical and exactly as you want me to do them.

There will be an upcharge if you decide that you want to change the design (thicker, longer, more arch, etc.) at the touch up visit. When you make one change to the arch then every other part of the eyebrow is affected and must be realigned. The same goes for changes in length of tail, thickness and shape of the front (bulb) of the brow. Any small change affects all other aspects of the brow shape and all must be re-measured and checked for accuracy based on the requested changes.

The touch up visit cost (with no changes to thickness or overall style) is \$50 and that is a reflection of how much of my time and energy it will take for me to "touch it up". If I have to redesign the thickness and overall design the total charge will be \$125, so please keep that in mind when I express to you that the pre-drawing at the initial visit looks much thicker than the hair stroke tattoo version you will end up with after the healing has occurred and the color has softened.

All terms discussed above apply to eyeliner and lip designs also.

If you are a returning client and have had any changes in health, medicines or skin care routines please inform Kristina at the onset of the appointment. Thanks so much and I am excited to provide you with my very best in artistry and latest trends in permanent makeup!

Please sign here to confirm you have read, understand and agree to all terms listed herein

Date: _____

Client Signature: _____

Please fill out the following table with a tick to indicate if any of the following relate to yourself.

Abnormal Heart Condition	Palpitations	
Mitral Valve Prolapsed	Heart Murmur	
Rheumatic Fever	Pacemaker	
Artificial Heart Valves	Anaemia	
Haemophilia	Prolonged Bleeding	
High Blood Pressure	Low Blood Pressure	
Circulatory Problems	Diabetes	
Epilepsy	Fainting Spells or Dizziness	
Thyroid Disturbances	Liver Disease	
Kidney Disease	Glaucoma	
Stomach Ulcers	Tumours, Growths or Cysts	
Cancer	Tuberculosis	
Stroke	HIV	
Prosthetic Hip or Joint	Systemic Lupus Erythematosus	
Hepatitis	Shingles	
Seizures	Impetigo	
Cataracts	Blurred Vision	
Dry Eyes	Do you suffer from eye Infections	
Alopecia	Ocular Herpes	
Watery Eyes	Contact Lenses	
Eyelid Surgery	Chapped Lips	
Trichotillomania	Recent Hair Loss	
Cold Sores (herpes simplex)	Auto immune conditions	
Gore-Tex Implants/Silicone Injections	Other Tattoos	
Fat Injections	Bruise or Bleed Easily	

Botox Enhancement	<input type="checkbox"/>	Use of Sun bed	<input type="checkbox"/>
Dermal Fillers i.e restylane	<input type="checkbox"/>	Date of last eyelash/ eyebrow tint	<input type="checkbox"/>
Do you have Healing Problems	<input type="checkbox"/>	Chemical or laser peel within 6 months	<input type="checkbox"/>
Do you scar in a raised manner?	<input type="checkbox"/>	Retin-A within 6 months	<input type="checkbox"/>
Do your scars heal a darker colour than the rest of your skin?	<input type="checkbox"/>	AHA preparations within last 2 weeks	<input type="checkbox"/>
Keloid Scars	<input type="checkbox"/>	Sensitivity to Cosmetics	<input type="checkbox"/>
Accutane within 6 months	<input type="checkbox"/>	Do you tan regularly?	<input type="checkbox"/>
Steroids within 6 months	<input type="checkbox"/>	Asthma	<input type="checkbox"/>

Others conditions _____

Client Name.....Signature.....Date.....

Practitioner Name Kristina Davidson Signature..... Date.....

Chart notes for _____

Artist	Procedure	Date	Pigments used	Needles used	Additional notes	Payment total	Payment method
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All future notes to be found electronically in client's online record via acuityscheduling.com