

Confidential Medical Profile

A

Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Mobile phone: _____ Home phone: _____

B

To avoid unforeseen complications, please answer the following questions:

YES NO

Y N Are you over 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 8 hours?

Y N Do you have a history of cold sores, herpes, or fever blisters?

Y N Are you sensitive to Latex?

Y N Are you pregnant or nursing?

Y N Are you required to take antibiotics during dental or invasive medical Procedures?

Y N Have you had a chemical or laser peel? If so, when? _____

Y N Do you have problems healing from minor wounds?

Y N Have you had any problems from tattoos or has your physician advised you not have a tattoo for any reason?

Y N Are you currently undergoing radiation or chemotherapy?

Y N Do you wear contact lenses? (If yes, I understand they must be removed during eyeliner procedures and should be replaced until the next day.)

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- Y N Are you allergic to any metals? (For example, you can only wear 14K gold)
- Y N Have you had a permanent make-up procedure before?
- Y N Do you take immunosuppressive medication such as anti-inflammatory or steroids?
- Y N Are you allergic to topical antibiotic preparations or desensitizers such as Polysporin, Bacitracin, Neosporin, the "Caine" family of drugs or Petroleum?
- Y N Is there any history of skin diseases or remarkable skin sensitivity?
- Y N Do you have eczema?
- Y N Do you have psoriasis?
- Y N Do you have hemophilia?
- Y N Do you have vitiligo?
- Y N Do you suffer from rosacea?
- Y N Do you have any allergies?
- Y N Have you had plastic surgery?
- Y N Are you contemplating plastic surgery?
- Y N Do you have high or low blood pressure? _____
- Y N Do you have asthma?
- Y N Do you wear a pacemaker?
- Y N Do you have any medical implants?
- Y N Do you have blocked tear ducts?
- Y N Do you bruise easily?
- Y N Do you have tendency to faint or become dizzy?

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C

Date: _____

Name: _____ Date of Birth: _____

Proof of age of Client and Type of ID: _____

The nature and method of the proposed Permanent Make-up (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 associated with the procedure. Fading or loss of pigment may occur.

I agree as follows: (Please read and initial the following statements.)

- I acknowledge that it is not 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 information the practitioner of any existing problems. _____ (Initial)
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly if post-procedural instructions are not followed. _____ (Initial)
- I realize that my body is unique, and the practitioner 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 or degrade my permanent make-up and 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 Make-up procedures _____ (Initial)

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- I confirm that aftercare instructions have been explained to me and that a written aftercare advice sheet has been given to me. I agree that it is my responsibility to read this and follow the instructions, until the site has healed. _____(Initial)
- I understand that a patch test of pigment is required for clients who have not had any permanent makeup or tattoos before. _____(Initial)
- 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 procedures (18 years) and that I am not currently under the influence of alcohol or drugs.
_____(Initial)

I have read and understand that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of the procedure.

Client Signature: _____

Date: _____

Witness/Practitioner Signature: _____

I hereby request and consent to the application of permanent colour and consent to have the following procedures performed by: _____

Please select any of the following procedures that pertain to you:

Eyeliner	Scar Camouflage
Eyebrows	Beauty Mark
Lip liner	Areola Repigmentation
Full Lip Colour	Other: _____

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Post Care Instructions for Permanent Eyebrows

1. Within two hours of the procedure, gently pat the treated area with a tissue approximately every fifteen minutes.
2. After two hours, clean the eyebrows with a clean cotton pad saturated with distilled water and pat the brows dry.
3. Before going to bed, clean the eyebrows again. Pat dry and apply ointment.
4. The next day, apply a thin layer of post-care ointment to the area in the morning, and then again that evening. If the eyebrows feel dry throughout the day, apply ointment.
5. For the next two weeks:
 - Avoid getting water on the eyebrows
 - Avoid activities that get the eyebrows set such as swimming, long showers, saunas, or heavy workouts
 - To minimize steam, use cool to warm water when showering
 - Do NOT put your face under the shower stream, instead wash your face with a washcloth, avoiding the eyebrow area
 - Do NOT apply anything to the eyebrow area, such as make-up or serums

FAQs

Q: What will happen if I get water on my eyebrows?

A: Water contacting the treated area may delay the healing process. Water can loosen and lighten the pigment. When sweat leaves the body, it may push the pigment out and cause blurring.

Q: What should I expect after a permanent make-up Procedure?

A: It is normal to see some scabbing or flaking of the treated area and experience tightness or itching.

Q: What should I do if my eyebrows feel tight during the day?

A: Apply post-care ointment as directed.

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