



CAMOUFLAGE / PARAMEDICAL PROCEDURE

Name: _____ Birthday: _____

Cell Phone Number: _____ Date today: _____

Emergency contact Person: _____ Emergency contact #: _____

Please fill out the following table with a yes or no.

___ Are you pregnant	___ Do you have healing problems?
___ Are you lactating	___ Do you keloid?
___ Have you tanned for the last 30 days?	___ Are you using Retin A in the area you want to treat within 6 months?
___ How old are you scars/stretch marks?	___ Do you have sensitivity to cosmetics
___ Are you diabetic?	___ Are you taking steroids?
___ Are you taking aspirin or blood thinners?	___ Are you taking vitamin A or E?

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

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

- | | | |
|-------------------------------------|---|------------------------------------|
| ☐ Anesthetic | ☐ Latex Rubber | ☐ Glycerine |
| ☐ Medication | ☐ Metals | ☐ Hair dyes |
| ☐ Drugs | ☐ Antibiotic ointments | ☐ Lidocaine |

List Medical Conditions or Issues _____

___ Abnormal Heart Condition	___ Circulatory Problems	___ Stroke
___ Mitral Valve Prolapsed	___ Epilepsy	___ Prosthetic Hip or Joint
___ Rheumatic Fever	___ Thyroid Disturbances	___ Hepatitis
___ Artificial Heart Valves	___ Kidney Disease	___ Palpitations
___ Haemophilia	___ Stomach Ulcers	___ Pacemaker
___ High Blood Pressure	___ Cancer	___ Anaemia
___ Heart Murmur	___ Prolonged Bleeding	___ Low Blood Pressure
___ Fainting Spells or Dizziness	___ Liver Disease	___ Glaucoma
___ Tumours, Growths or Cysts	___ Tuberculosis	___ Auto immune disease
___ Systemic Lupus Erythematosus	___ Shingles	___ Psoriasis

List medications you are currently taking _____

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

Was your scar (s) due to injury or surgery? _____ Physicians name _____	How old are your scars/stretch-marks? _____
What is your ethnicity? (Used for pigment matching purposes) _____	Do you have clearance from your doctor do you have insurance coverage for this? _____

Printed Name of Client

Signature of Client

Waiver / Release Form

Please read each bullet carefully before signing. Please write a tick on every number to indicate that you've read and understand it.

- _____ 1. I absolutely understand and accept that the camouflage procedure is a process, often requiring multiple sessions to achieve desirable results and that 100% success cannot be guaranteed.
- _____ 2. I have received, reviewed, and understand the post-procedural instructions as given to me and agree to follow them.
- _____ 3. I accept responsibility for my aftercare. I understand that I need to follow them in order to protect the color of my tattoo and to prevent infection.
- _____ 4. I understand that the color selection and color results in all procedures are not an exact science and that the right color of my skin tone might not be achieved in just one session.
- _____ 5. I understand that since the pigment used for this treatment is a skin tone pigment, this color cannot be erased even by a laser treatment.
- _____ 6. I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics (tattoo). When asked if you have a tattoo, you say yes.
- _____ 7. I understand that healing process may take up to six months and that it completely varies on my skin's healing abilities.
- _____ 8. I understand that the color of my camouflage will be darker than my skin tone while it's healing
- _____ 10. I understand that a camouflage tattoo is a tattoo procedure that may or may not fade and that it might require a touch up after a couple of years.
- _____ 12. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness and swelling, darkening of the skin that may take a couple of months.
- _____ 13. I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines; may or will turn ink dark or even black.
- _____ 14. I understand that since this is a treatment that requires incision of needles in my skin, this might cause keloids depending on how my skin will react.
- _____ 15. I am aware that if an infection occurs, after I have received a tattoo, I am to see my primary physician or an emergency room physician, **immediately** and on my own expense.
- _____ 16. I give my consent to Hollie Olson Esthetics to confer with my physicians, if needed, for medical information required for the safety of my procedures.
- _____ 17. I agree to accompany my practitioner to the emergency room and take a blood test in the event they were to be accidentally stuck with my needle for their safety & disclose all test results to my practitioner.
- _____ 18. I understand that since this is a tattoo treatment done in the scar tissue, every skin may react differently and may lead to more skin damage which is beyond my artist's control.

ACCEPTANCE: I have read and understand these risks listed above and they have been explained to me one by one. **I DID NOT SIMPLY SIGN THIS DOCUMENT WITHOUT READING IT.** I certify that the information in the above questionnaire is accurate and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request. I hereby waive and release, indemnify, hold harmless and forever discharge, its employees and owners from any responsibility and/or liability regarding any services and treatments.

Printed Name of Client

Signature of Client

Date Today

By signing below, I acknowledge, understand and agree that:

- Hollie Olson Esthetics does not accept insurance but can offer me a super-bill that I may submit to my insurance for reimbursement. There is no guarantees that my insurance will choose to cover this and I agree to pay for the procedure sessions in full at time of service.
- the information provided on this form is accurate and complete to the best of my knowledge, and that Hollie Olson Esthetics is not responsible for complications or problems arising from any incorrect or omitted information;
- some individuals will have complications related to tattoo application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. I accept these risks and agree to hold Hollie Olson harmless for same;
- Hollie Olson Esthetics will use the information provided above to assess my suitability for the proposed micropigmentation services.

_ Client signature

Date