

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR PERMANENT MAKE-UP (COSMETIC)

Name: _____ DOB: ____/____/____ Best Phone: _____

Address: _____ Email: _____

List any medications you have been taking in the past 6 months: _____

Have you received chemotherapy or radiation in the past year?

Have you ever had an allergic reaction to any of the following (Please circle all that apply)

Latex	Lanolin	Vaseline	Medication	Metals	Hair Dyes
Foods	Lidocaine	Paints	Crayons	Glycerin	None

If yes, please explain: _____

Have you ever had a cold sore? Yes ____ No ____

If yes, you must contact your physician for a preventative prescription capsule to prevent a cold sore.

Have you ever had one of the following (please circle all that apply)

NOTE:** Any of the following 5 medical conditions (indicated with an **) require a note from your doctor giving consent: Diabetes Type 1 & Diabetes Type 2 High Blood Pressure, Auto-Immune disease and Thyroid/Graves' Disease. **We reserve the right to refuse service based on medical condition(s).**

Retin-A in last 2 weeks	Anemia	Sensitivity to cosmetics	Prolonged bleeding	Epilepsy, seizures, fainting or narcolepsy
Trichotillomania	Epilepsy	Artificial Heart Valve	Low Blood pressure	
Hemophilia	HIV	Fainting spells or dizziness	Circulatory Problems	*High Blood Pressure
Liver Disease	Alopecia	Tumors, growths, cysts	Botox/filler injections	Hypertrophic scars
Thyroid disturbances	Cancer	Keloid scars	Healing problems	Chemical/laser peel in last 6 wks AHA's in last 2 week
Hair Loss	Hepatitis	Do you scar easily?	Do you bruise/bleed easily?	
AHAs in the last 2 weeks (Alpha Hydroxy Meds)	*Diabetes Type 1	Allergies to metals	Hemophilia	Currently Pregnant or nursing?
*Auto-Immune Disease	*Diabetes Type 2	Epilepsy, seizures, fainting or narcolepsy	A condition where the client takes medication (ie Anticoagulants) that thin the blood and may interfere with blood clotting	History of Skin diseases, skin lesions or skin sensitivities to soap, disinfectants etc?
*Thyroid/Graves' Disease				

PATCH TEST: There is a possibility of an allergic reaction to the numbing agent and/or pigments. A patch test is advised however it does not ensure a client will not have an allergic reaction.

Do you want a Patch Test? YES NO If NO Patch Test is desired then you agree to release the artist from liability if an allergic reaction from the pigment develops. A patch test is a 24-hour process.

Desired Area of Treatment?

What would you like to improve in the treatment area? Consider shape, color, density, thickness...

Are you currently under the care of a physician? Yes ____ No ____

- If yes, please explain: _____
- Physician's Name: _____

Do you take antibiotics when going to the dentist? Yes ____ No ____

- If yes, why? _____

Please read the following statements carefully and then initial.

- Permanent Make-up is a way of cosmetic tattooing, re-touch procedures may be required. A healing period of 4-6 weeks is required before a touch up procedure can be performed. On a rare occasion, the pigment may migrate under the skin.
- Procedure of Permanent Make-up may be slightly uncomfortable. The pigments will fade.
- Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur.
- Permanent cosmetics cannot be applied if you are pregnant or nursing, or anyone under the age of 18.
- Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur but is extremely rare. _____ (Initial)

I have received aftercare information and I'm fully aware of the aftercare procedures. Yes ____ No ____

I fully understand the information provided above & confirm that all info provided by me is correct and truthful.

Client's Name: _____ Client's Signature: _____ Date: _____

Artist's Name: _____ Artist's Signature: _____ Date: _____

For Tech Use Only: Note pigments, blades, techniques used for the client.

PERMANET MAKE-UP PRE- PROCEDURE ADVICE

Please read the following advice carefully and sign at the end

- Permanent Make-up Cosmetic procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place between 4-6 weeks after the initial procedure. Those with oily skin may require an additional touch-up. Please be aware that color intensity will be significantly darker and sharper immediately after the initial procedure, then will decrease by 30-50%.
- Although numbing cream is used during the procedure, slight sensitivity/discomfort may still be felt by sensitive clients. Delicate or sensitive skin may be red and/or swollen after the procedure.
- Please wear your normal makeup on the day of your procedure.
- Please do not drink alcohol 24 hours prior to the treatment.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard
- A patch test will be performed, unless waived by the client.
- Any brow shaping using waxing should be performed at least 48 hours before the procedure. -- Electrolysis treatment should be undergone no less than 5 days before the procedure.
- AHA products and retinoids should be avoided no less than 2 weeks prior to the procedure.
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to the procedure. -- Chemical and laser peels should be avoided no less than 6 weeks prior to the procedure.
- Please wait 2-3 weeks if you have had Botox injections before the Permanent Make-up Procedure.

Topical Anesthetic Advice:

- An allergic reaction can occur from any anesthetics used during the procedure. If you experience an allergic reaction, please contact your doctor immediately. An allergic reaction may present with redness, swelling, rash, blistering, dryness, or other symptoms.
- Numbness – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- Procedure – For the Permanent Make-up procedure, a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/chemist. The anesthetic is placed over the treatment area for 20-30 minutes, then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anesthetic, you can expect some redness/swelling that may last 1-4 days. You should always follow your post-procedure advice and aftercare for the best results.
- Contraindications for Permanent Make-up: Liver disease/high risk of infection ** Compromised skin near brow area ** Pregnancy/Nursing ** Cold sores/fever blisters (please take an anti-viral prior to treatment) ** Hormone therapies ** Chemotherapy/Radiation pigmentation and/or cause sensitivity

I have read and fully understand the above information provided and any risks involved with the use of topical anesthetic, and I therefore consent to the use of the anesthetic for the Permanent Make-up procedure. I agree to follow all pre-care and aftercare procedure advice closely.

Client's Name: _____ **Client's Signature:** _____ **Date:** _____

Artist's Name: _____ **Artist's Signature:** _____ **Date:** _____

INFORMED CONSENT FOR PERMANENT MAKE-UP

I, _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me. The Permanent Make-up requires 2 visits (in some cases more may be required). Scheduled appointments for the touch-up procedure require 48-hour notice for cancellation or rescheduling and are included in the original price ONLY when performed within 10 weeks after the original procedure. Outside 10 weeks or if scheduled appointments are missed, an additional charge will be incurred.

- If an unforeseen condition arises in the course of the procedure, I authorize my artist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape, and position of the microblading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.
- I accept full responsibility for the shape and color of each and every procedure that I will be having done whether they are too thick, too thin, too dark too light.
- I have been advised that my artist has instructed me to not drive anywhere for 8 hours after eyeliner procedure.
- I understand that if I have ever had a cold sore or fever blisters on the lips then I may break out with fever blisters on the lips following a lip procedure. If I am prone to cold sores, then I should obtain a prescription for Zorvirax and take as prescribed by my doctor (2weeks prior
- If I am to have eyeliner done, I should not wear any contact lenses during the procedure.
- I have been informed that the highest standards of hygiene are met and sterile, disposable needles and pigment containers 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 desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.
- The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), personal pH balance of your skin, alcohol intake, and smoking, post-procedure after care.
- Upon completion of the procedure, there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure; however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see the after-care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.
- I have been advised that the actual color will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age, and skin condition. I understand that some skin types accept pigment more readily, and no guarantee of the exact color can be given.
- 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 agree to follow all pre- and post-care instructions as provided and explained to me by my artist. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of the aftercare details.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading procedure. I acknowledge some of these potential adverse changes may not be correctable. _____ (initial).
- I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand that the pigment's actual color may be slightly modified by the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure _____ (initial)

I certify that I have read and initialed the above paragraphs and have had the consent and procedure permit explained to my understanding. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, _____, Give _____ (artist) permission to perform my Permanent Make-up procedure.

Client's Name: _____ Client's Signature: _____ DOB: ____/____/____ Date: _____

Artist's Name: _____ Artist's Signature: _____ Date: _____

Permanent Make-up Patient: Photo Consent

Release Agreement

Client's Name: _____

I hereby consent to and authorize the use by Archer Brows LLC of the specified permanent make-up photographs and/or video; that is, photographs taken before, during, and after my permanent make-up procedure.

I understand that my full name and identity will be protected, but my full face may be used in conjunction with the photographs and/or video.

Archer Brows LLC has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that Archer Brows LLC requests to be used, and it is understood that these photos may be used on Archer Brows LLC's social media accounts (Facebook, Instagram, Twitter), and in the office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify Archer Brows LLC in writing and allow 30 days to accomplish this removal.

I now release Archer Brows LLC, and anyone authorized by Archer Brows LLC, all personal rights and objections I have or may have to the above-described uses of my photographs and/or videos. I have entered into this release freely or voluntarily and agree to be bound thereby.

Client's Signature _____ Date _____

Artists' Signature _____ Date _____

Standard Tattoo Release Form

I am at least 18 years of age. I do not have a heart condition. I do not have epilepsy. I have not had hepatitis within the last year. I am not a hemophiliac (bleeder). I am not under the influence of drugs and/or alcohol. To my knowledge, I do not have any physical, mental, or medical impairments or disabilities which may affect my well-being as a direct or indirect result of my decision to have any tattoo-related (body art) work done at this time.

I agree to follow all instructions regarding the care of my tattoo (body art) while it heals. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense. I understand that if my skin color is dark, the colors may not appear as bright as they would on light skin. Being of sound mind and body, I hereby release any and all person(s) representing Archer Brows LLC and/or its artists from all responsibility. I accept any and all responsibility myself for any consequences that may stem from my decision to have any tattoo-related (body art) work done by Archer Brows LLC and/or its artists.

I agree for myself, my heirs, assigns, and legal representatives to hold harmless from all damages, actions, causes of action, claims, judgments, cost of litigation, attorney's fees, and all other costs and expenses which may arise from my decision to have any tattoo-related (body art) work performed by Archer Brows LLC and its artists. I agree to pay for any and all damages and injuries to any and all persons and property belonging to Archer Brows LLC and its artists, or any other person(s) to whom Archer Brows LLC and its artists may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo-related (body art) work performed by Archer Brows LLC and its artists agree to leave the premises of Archer Brows LLC, or any other establishment where it is engaged in business, promptly upon request, for any reason whatsoever, by any agent or employee/artist of Archer Brows LLC.

I agree that these waivers also pertain to and are designed to protect any and all establishments where Archer Brows LLC and its artists conduct business. I represent and warrant to Archer Brows LLC that the following information is true and correct.

Name (print): _____ Age: _____ Date: ____/____/____

Address: _____ Phone: _____

I have read and understand the above information.

Signature: _____

Type of Body Art (circle all that apply): microblading, eyeliner, lips, powder brow, wow brow

Location of Body Art (list where): _____