



Client Information & Medical History
PLEASE COMPLETE & SUBMIT PRIOR TO YOUR TREATMENT

Date *

Day Month Year

Client Name *

First Name Last Name

Client Gender *

Address *

Street Address

City State Postcode

Mobile Number *

E-Mail *

Email

Emergency Contact Details *

First Name Last Name

Emergency Contact Phone Number *

Phone Number

Client Brief Medical History

Please list your Current Medications (including vitamins/supplements)

If none, Please Type NIL or N/A

Do you currently or have you ever had any of the following; (tick all that apply)

COLD SORES
Cancer
Diabetes
Emotional/Phychological Disorder
Heart Palpitations
High Blood Pressure
Hepatitis
Thyroid Problems
Bleeding Disorders
Anaemia
Pregnant or Breastfeeding
Dry Eyes / Glaucoma
Facial Surgery in past 3 months
Collagen Injections/Fillers in past 3 months
Blood Clotting problems/On blood thinners
Taking fish oil

Please list any allergies ie. latex, medications

If none, please type NIL or N/A

Have you had an adverse reaction to a prior procedure and/or topical anaesthetics? *

Yes - Your therapist will discuss this in further detail before your treatment

Have you ever had a reaction to beauty products used on your skin? *

Yes - Your therapist will discuss this in further detail before your treatment

No

Have you had any of the following procedures in the last 2 weeks (tick if yes)

Hair removal (including waxing, electrolysis, threading etc)

Cosmetic Tattoo or general tattoo

Radio Frequency (RF)

Chemical Peel

Tanning bed, sun exposure

Laser/IPL

Microdermabrasion/hydrodermabrasion

Skin Needling/Collagen induction therapy

Plastic/Cosmetic Surgery

The procedure I am having today is; *

Cosmetic Tattooing / Body Tattoo

Skin Needling and/or infusion

Scalp Micropigmentation

Skin analysis and/or facial treatment

Microdermabrasion/Hydrodermabrasion

Fat Freezing (Cryolipolysis)

Body Sculpting (EmSculpt)

Muscle Building (Velashape)

Treatment Consent (please read and tick) *

I understand this treatment is for cosmetic purposes only and that medications and lifestyle factors may affect the desired outcome

I understand that no guarantees have been made to me regarding the results

I am responsible for the 'at home care' using only the aftercare products listed in the aftercare sheet and I may have risk of infection or fading of pigments if not followed correctly

I understand that I cannot donate blood for 6 months after this procedure

I am over 18 years of age

I consent to the use of topical anaesthetics containing Lidocaine and Epinephrine

I am aware that I may require a follow up visit in 1-2 months time to achieve the final result or adjustment, herein called 'Perfection visit' - (Cosmetic Tattooing Only)

I am not under the influence of drugs or alcohol and have not consumed either in the past 24 hours

I understand that the inscape on broadwater therapist and company take no responsibility for any possible complications and consequences that may result from the procedure, particularly if I neglect to answer these questions properly, If I fail to accurately disclose my medical history or if I fail to take pre-procedure and/or aftercare treatment

I fully understand the risks associated with this procedure and consent to have it performed on myself

I have completed this form truthfully to the best of my knowledge

