



COSMETIC TATTOO INTAKE FORM

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnic Background (List All Nationalities as it may impact your results):  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Have you received a Cosmetic Tattoo Service before at RejuvePod or another salon?

Yes  No

**Consent and Release Agreement**

This form is designed to give information needed to make an informed choice of whether or not to undergo a semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although cosmetic tattooing is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure

This is the process of inserting pigment into the skin. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. Yearly to bi-yearly touch-ups are recommended and will vary with each individual.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize RejuvePod to perform cosmetic tattooing on my body as desired today.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DO YOU HAVE?

- History of MRSA
- Diabetes requiring insulin
- Hepatitis A B C D
- Fever Blisters/Cold Sores (Ever, even one time)
- Autoimmune disorder
- Glaucoma or other eye disease/disorder
- Heart Disease
- Abnormal Heart Condition
- Shingles History/Recent Shingles Shot
- Mitral Valve Prolapse
- Valve Implants / Pacemaker / Stents
- Easy Bleeding
- Hemophilia or Clotting Disorder
- Problems with healing
- Keloids
- Seizures (past or present)
- Bell's Palsy - (circle) Active Flare-ups
- Dermatological Disorder \_\_\_\_\_  
(circle) Active Flare-ups
- Pre-existing nerve damage
- Tattoos: Colors you are sun sensitive to:  
\_\_\_\_\_
- Trichotillomania (pulling of hair, brows, lashes)
- Alopecia Totalis or Areata
- Alcoholism
- Difficulty numbing with dental work
- Oily Skin
- Tumors/ Growth / Cysts
- Botox - Last treatment \_\_\_\_\_

## ARE YOU?

- Currently Pregnant or Breastfeeding
- Planning Cosmetic - If so what & when?  
\_\_\_\_\_
- Currently under the care of a physician?  
Describe: \_\_\_\_\_

Do you practice outdoor activities? Circle all that apply:

Tennis          Golf          Swimming          Boating  
Gardening      Skiing          Walking          Other

## HAVE YOU HAD?

- Fever Blisters/Cold Sores (Ever, even one time)
- Forehead / Brow Lift / Facelift
- Eye Infections (are you prone?)
- Eye Trauma
- Vision Correction Procedure within the past 3  
months
- Tumors/ Growth/ Cysts
- Cancer (Year \_\_\_\_\_)
- Chemotherapy/ Radiation
- Accutane or acne treatment
- Chemical Peel  
Last Treatment \_\_\_\_\_
- Tan by booth or salon
- Taken blood thinners such as:  
Aspirin, Ibuprofen, Alcohol, Coumadin etc
- Heart Attack - When? \_\_\_\_\_
- Joint Replacement, Organ Transplant
- Fainting Spells
- Hepatitis - What Type: \_\_\_\_\_
- Hepatitis Test - When: \_\_\_\_\_
- Fat Transfer Injections - If yes, where?  
\_\_\_\_\_
- Gore-Tex Implants - If Yes, where?  
\_\_\_\_\_
- Aesthetic or Cosmetic Procedures  
if yes, where? \_\_\_\_\_
- Laser Treatments - What type & why?  
\_\_\_\_\_

## DO YOU USE?

- Accutane (currently or within the past year)
- Antibiotics/Medications for dental procedures  
Steroids
- Retin-A, Glycolic Acid, Vitamin C or other Exfoliants
- Tanning Beds
- Eyebrow or Lash Tint
- Latisse

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Specialty: \_\_\_\_\_



## Statement of Consent and Recitals

Please read and initial all lines

\_\_\_\_ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email RejuvePod.

\_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness or other discoloration and bruising may occur.

\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

\_\_\_\_ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

\_\_\_\_ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue. Color results in all procedures are not an exact science.

\_\_\_\_ If I am a contact lens wearer, I realize I should not wear my contacts the day of my eyeliner procedure.

\_\_\_\_ I have pre-medicated where advised based upon the medical history I provided.

\_\_\_\_ Although rare, Fever blisters may occur regardless of pre-medications.

\_\_\_\_ I understand that many lasers & IPL's including those used for hair removal, anti-aging, Photo Facials, removal of lines, can turn permanent make up dark or even black. I agree to inform my esthetician or anyone operating such I have permanent make up.

\_\_\_\_ I accept the responsibly for determining the color, shape and position of the microblading procedures as agreed during consultation.

\_\_\_\_ I understand that positioning of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox, Restalyne or any other cosmetic filler and I assume this responsibility.

\_\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

\_\_\_\_ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today. This is a semi-permanent cosmetic tattoo process, therefore not an exact science but an art. Facial structures may alter absolute symmetry.

\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications.

\_\_\_\_ I agree to accompany my practitioner to the emergency room in the event they were accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner.

\_\_\_\_ I am aware that if an infection occurs after I have received Permanent Cosmetics to see my primary physician or an emergency room, immediately.



\_\_\_\_ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_\_ I have been advised that a perfecting session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Perfecting session must be completed within 30-45 days of initial procedure.

\_\_\_\_ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 6-8 weeks of initial procedure to be considered a touch-up service.

\_\_\_\_ I understand and accept RejuvePod's 24 hour cancellation policy for all future appointments. Failure to let RejuvePod know of a cancellation will result in 50% of the service cost charged to a card on file. This also includes no showing appointments. Multiple offenses may result in termination of relationship to receive further services.

\_\_\_\_ For the Purpose of documentation, records, and use in portfolio, I consent to the taking of before and after photographs of my procedure.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize RejuvePod to perform cosmetic tattooing today.

**Possible Risks, Hazards, or Complications**

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.
- **Infection:** Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See "After Care" sheet for instruction on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.
- **Excessive Swelling or Bruising:** Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.
- **Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.
- **MRI:** Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics. The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure. Consent and release for procedures performed:

I agree that all the above information is true and accurate to the best of my knowledge

Signature \_\_\_\_\_ Date \_\_\_\_\_