

HEALTH HISTORY FORM

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____ Employer: _____

Emergency Contact Name & Phone #: _____ How did you hear about us? _____

Are you currently under the care of a physician? ____yes ____no If so, for what? _____

Physician's name: _____ Physician's phone #: _____

Date of last lab tests or chemistry screening _____ Have you had abnormal lab / test results? ____yes ____no

If so what? _____ Covid? ____yes ____no Vaccine? ____yes ____no

Have you ever had injectables, facial treatments or tattoos? ____yes ____no Did you have negative reactions? ____yes ____no

If so what? _____ Allergies: _____

List all current medications: _____

List all supplements /herbs: _____

•Treatment is limited on those who are pregnant, nursing, or have hemophilia, bleeding disorders, allergies to lidocaine &/or epinephrine.
____ this does apply to me ____ this does not apply to me

•Treatments are discouraged for those who have auto-immune disorders, diabetes, heart conditions, active dermatological disorders, are highly reactive and allergic, or take medication(s) that thin the blood. These clients may need a doctor's release to undergo procedure.
____ this does apply to me ____ this does not apply to me

•For some injectables and permanent cosmetics, patch tests are recommended but are mandatory for those with keloid formations, dermatological disorders, and are highly reactive and allergic. ____ this does apply to me. ____ this does not apply to me

•List all medications you are currently taking including topical medications and Retin A, Retinol, Glycolic Acid & Accutane:

•Have you recently undergone a skin peel, laser, botox, or other esthetics treatment(s)? If so, please describe:

•Do you have, or have ever had, any of the following? Please circle

Heart conditions /disease	Cold sores (RX: VALTREX)	Herpes simplex	Pregnant /Breastfeeding	G6PD Deficiency
Hemophilia / bruising	Epilepsy	Glaucoma (NO EYELINER TX)	Mental Disease	Hyperpigmentation
High/low blood pressure	Diabetes	Cataracts	Parathyroid problems	Tanning Bed &/or Sun
Prolonged bleeding	Fainting or Dizziness	Corneal abrasion	Strokes	Skin disorders
Circulatory problems	Lupus or other immune disorders	Optic Nerve Atrophy or Leber's Disease	Nuero-Muscular Disorder	Recreational drugs What: _____
Tumors/growths/cysts	Hepatitis	Wear glasses or contacts	Sarcoidosis	Smoke / Tobacco
Chemotherapy/radiation	HIV/ AIDS	Eye surgery / injury	Sickle Cell Anemia	Drink alcohol daily
Cancer	Kidney disease or stones	Asthma	Liver Disease	Other:
High Magnesium	High Calcium	Low Potassium	High Iron	

I understand all questions and have answered honestly and am at least 18 years of age ____Yes ____No

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HIPPA Notice of Receipt of Privacy Practices

I acknowledge that I have been informed and given access to the Notice of Privacy Practices at Monarch Medical Esthetics.

I understand that I may request a hard copy of these notices at any time.

I understand the Notice of Privacy Practices discusses how my Protected Health Information (PHI) may be used/or disclosed, my rights to protected health information, and how and where I may file a privacy related complaint.

Signature:_____

Date:_____

Authorization to Release and Disclose Photographs

I _____ give permission for photographs / videos to be taken of all treatment and treatment sites, which will be used to document my medical record or for use in educational/training lectures.
(patient initials)_____

I also give my permission and voluntarily consent to the copyright, publication, and use of my picture and likeness by Monarch Medical Aesthetics LLC., affiliates, successors, and assignees. By signing this form, I am allowing Monarch Medical Aesthetics to disclose photographs taken of me before, during, and after treatment for use in, but not limited to, educational/ training lectures, advertising and promotions, print, social and/or broadcast media. I understand my name shall not be used in any publication.
(patient initials)_____

Do not use my pictures outside of use in my medical records and educational/training lectures. (patient initials)_____

I hereby release Monarch Medical Aesthetics LLC., from any claim for payment in royalties in connection with any exhibition, demand, cause, action, or proceeding of whatever nature arising out of publication and distribution of these said photographs in accordance with the terms of this release. (patient initials)_____

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Beautiful Change.



MUST FOLLOW PRE-PROCEDURE INSTRUCTIONS FOR PERMANENT COSMETICS

IF THE FOLLOWING INSTRUCTIONS ARE NOT FOLLOWED, YOU MAY BE REFUSED TREATMENT AND POTENTIAL COMPLICATIONS MAY OCCUR.

- Since delicate skin or sensitive areas may swell slightly, or redden, it is advised NOT to make social plans the same day of treatment.
- Wash your hair on the day of your appointment or the day prior.
- DO NOT drink coffee or tea (or caffeinated beverages) on the day of your appointment.
- DO NOT drink alcohol 24 - 48 hours before your appointment.
- If you have any serious medical conditions such as diabetes, hemophilia, skin diseases, epilepsy, seizures, fainting, narcolepsy, HIV, hepatitis, heart problems, etc., please get physician clearance PRIOR to having permanent cosmetics performed.
- DO NOT tan two weeks prior or have sunburned face.
- DO NOT work out on the day of the procedure.
- DO NOT pick/tweeze/wax/perform electrolysis one week before procedure.
- DO NOT use aspirin or ibuprofen for 7 days prior to the procedure.
- DO NOT eat greens, or drink green shakes or herbal drinks for 2 days prior to the procedure.
- Waxing or tinting of the brows and/or lips should be done 7-10 days prior.
- It is best to do a face scrub/at home exfoliation 3 days prior to the procedure.
- STOP using Retin-A or AHA products (Alpha-hydroxy acids include glycolic, lactic, tartaric, malic, and citric acids) for 2 weeks prior to the procedure.
- STOP taking any vitamins for 7 days prior to the procedure.
- NO Botox or derma-fillers for 4 weeks prior to the procedure.
- NO laser or chemical peels for 4 weeks prior to the procedure.
- NO microdermabrasion or dermaplaning (physical exfoliation procedure) for 2 weeks prior.
- Avoid scheduling your appointment **around** your menstruation's period as it may increase bleeding & sensitivity
- Wear your drawn eyebrows, lips &/or eyeliner to the procedure and bring your favorite shades & pencils.
- If prone to **cold sores or fever blisters**, must take **RX: Valtrex** or over the counter L-Lysine 1,000 mg



Concerns or Questions? Call Monarch Medical Aesthetics, LLC - 574.221.MEDI or email monarch@mybeautifulchange.com. Please allow 24-48 hours for reply.

CONSENT TO APPLICATION OF PERMANENT COSMETIC PROCEDURE(S)

How did you hear about permanent cosmetics with Monarch Medical Aesthetics, LLC?: _____

Name: _____ Date: _____ Age: _____

DOB _____ DL# & State _____

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 permanent cosmetic procedure(s). The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. ☒ _____

PROCEDURE(S): _____

COST OF INITIAL PROCEDURE(S): _____ COST OF FOLLOW-UP PROCEDURE(S): _____

EXPECTED NO. OF VISITS REQUIRED: _____ Number of visits is dependent upon treatment performed.

1. The procedure that I am about to have has been explained to me by Linda Moore (Technician). I have fully read and understand the "Pre-Procedure Instructions for Permanent Cosmetics" and I have been informed of the risks and complications that can possibly take place during and after the procedure. ☒ _____
2. I understand that there may be some pain involved during the procedure. Each person has a different tolerance level and pain will be according to each individual's pain threshold. ☒ _____
3. I have been informed that other adverse side effects, although rare, can include swelling, minor bleeding, redness and pinkness, soreness and bruising (extremely rare), and allergic reactions. ☒ _____
4. I understand that pigment may migrate and there will be some fading of color. The collagen and elasticity of the skin can determine the outcome of your Permanent Cosmetics. If your skin is in a compromised state before hand it may also affect the outcome. The above technician has not guaranteed me pigment will not spread or as to how much color will remain. ☒ _____
5. Permanent make-up is a process. It often requires a "perfection session". I understand I am entitled to **one perfection session and there will be a charge for any additional "touch-ups" or "color-boosters"** I may desire or need since there is no way to determine how each person may hold color. I understand each skin type is different and requires different care. ☒ _____
6. I accept full responsibility for the shape, size, style, color and/or length and design of my microbladed brows, eyeliner &/or lips (because I participated with the design and was allowed to give feedback and direction.) If I change my mind after healing and want bigger, fuller, longer brows, thicker, longer liner, or change from lip blushing to full color - there may be an additional charge at perfection session ☒ _____
7. I have consulted my physician before taking or stopping any medications and in regards to any, and all, health issues I have. ☒ _____
8. I have been given home care instructions on how to care for my eyebrows, eyes, &/or lips and skin around treated areas. I have read it thoroughly. I understand it and agree to fully adhere to it. ☒ _____
9. I understand that secondary infection can occur although it is rare and agree to follow all home care instructions to help minimize the risk. ☒ _____
10. I give my permission to Monarch Medical Aesthetics, LLC to use photos and videos of me, my procedures & results for marketing and training purposes on/in all private and public media platforms. My name will not be used. I will not receive compensation. ☒ _____



HOLD HARMLESS AGREEMENT

I, _____, hereby acknowledge that I am fully aware that MONARCH MEDICAL AESTHETICS, LLC and AMY STITT (Nurse Practitioner) provide the service of neurotoxin, derma-filler and PRP/PRF injections and MONARCH MEDICAL AESTHETICS, LLC and LINDA R MOORE (Technician) provide the service of permanent cosmetics / microblading and MONARCH MEDICAL AESTHETICS, LLC and SARAH ANDERSON (Aesthetician) provide the service of facial and body treatments.

It is understood that I will in no way hold the above named, its proprietors, officers, or agents or any of its operators liable or accountable for any injury or damage that may occur to me as a result of work performed on me by the nurses/ aestheticians / technicians/owners of MONARCH MEDICAL, hereinafter "staff," has fully explained and given all the information necessary regarding possible side effects and contraindications.

I, the undersigned and the person named above, hereinafter referred to as client, have been duly informed by staff of the nature, risk and possible complications and consequences of the treatments and procedures for which I have contracted Monarch and staff to provide such service. I understand that this procedure is designed to enhance my appearance and consent to such treatment, which shall be performed by, or under the direction of staff.

I further understand that if I am being used as a model for training purposes at a reduced fee and agree to hold technician, Monarch Medical and its proprietors harmless in the event of any consequence arising out of this procedure.

I have been advised and I fully understand that improper pre-procedure and post-procedure care may lead to complications / infections / less than ideal outcome. Staff has given me these instructions, which I am to carefully follow. I acknowledge that should infection and complications occur due to improper skin care and improper following of instructions, I will hold staff, MONARCH MEDICAL and its proprietors harmless.

I have read and understand all the pre and post procedure instructions and I have truthfully and accurately completed my health history form.

Client: _____ Date: _____

PERMANENT COSMETICS - HEALING INSTRUCTIONS

- ☼ Some residual swelling is normal for ALL procedures. Apply ice for the first few hours after procedure especially on lips. You may use a cool, dry compress if you feel you have any swelling. Sleeping with your head elevated can also help with possible swelling.
- ☼ Dry skin, itching and tenderness are common after the procedure and for the first couple weeks.
- ☼ Color will darken then fade/soften 30-50%. Your touch-up will enhance any area that has faded.
- ☼ Avoid direct water on the treated brow area (microblading) for 10 days after the procedure. Dry healing works best for brows.
- ☼ Apply Vaseline prior to showering to prevent moisture, soaps and shampoos from getting on the treated area.
- ☼ To remove Vaseline, use a clean tissue to gently blot dry.
- ☼ Absolutely NOTHING on the treated brow area for 10 days except, if needed for cleansing, a very slight amount of Bactine gently dabbed on with clean tissue for brows. For dryness, put a very slight amount of coconut oil on with a cotton swab.
- ☼ For **eyes and lips**, wash gently morning and night with a gentle face wash, such as Baby soap or CETAPHIL. Apply a sparse layer of Aquaphor with a clean, wet Q-tip, a couple times a day to keep your treated areas moist. Avoid touching treated areas with your fingers/hands at anytime, especially the eyes. If absolutely necessary, only touch the area with exceptionally clean hands.
- ☼ Avoid scrubbing/exfoliating the treated area for 1 month.
- ☼ No swimming until completely healed. Thereafter, it is recommended to apply Vaseline as a barrier to pigment-fading chlorine, salt-water, and mineral water.
- ☼ Avoid sun exposure and after totally healed, use total sunblock to avoid fading.
- ☼ DO NOT RUB, SCRATCH OR PICK AT THE TREATED AREA, let any scabbing or dry skin naturally exfoliate off....picking can cause scarring. If itching becomes intolerable apply a very small amount of pure coconut oil onto a clean tissue then dab onto brows.
- ☼ Healing occurs differently with every person. BE PATIENT and let your body heal. Don't panic when your treated areas are going thru the healing phases. Please review "Healing Schedule" before panic-calling Monarch Medical Esthetics during your healing process.
- ☼ Permanent make-up is a process. It often requires a "Perfection Session" application. Clients are entitled to one follow-up 45-90 days following procedure. Additional charges are incurred if patient decides to change original design (thicker, longer, fuller brows - thicker, longer eyeliner, change from lip blushing to full color or desires to have areas of ink lifted) or for any additional "touch-ups" "spot touch-ups" or "color-boosters". This is not body art ink, it is permanent cosmetic pigments and it will fade over time and its important to realize you will need a color boost and touch up every 1-3 years to maintain a fresh, natural appearance. Sun exposure, excessive sweating, skin care products, facial treatments and the like compromise the appearance more quickly lessening the time between touch-ups.
- ☼ Call your physician if extreme swelling, bleeding, discoloration, or extreme pain occurs.
- ☼ Feel free to contact your technician at Monarch Medical Esthetics with questions or concerns.



THESE STAGES OF HEALING APPLY TO MICROBLADED BROWS, EYELINER, & LIPS

STAGES *of* HEALING



day 1
Love my new
brows! ❤️



day 2-5
Ugh! They are
too dark & thick.



day 5-10
OMG!
They're scabby,
flaky & coming off.



day 10-15
Argh!
My brows!
What I'd do!?



day 15-30
Oh wait!
Oops, I panicked.
They're coming back
& lookin' good.



touch up
Thanks 🦋
I knew I'd love
my new brows. ❤️

This is just a guide. Everyone HEALS DIFFERENTLY.

