



Client Health & Medical History

Today's Date: ____/____/____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Street City State Zip Phone Number: _____ Business Phone: _____

_____ May we contact you at these numbers? _____ Email: _____

_____ Emergency Contact: _____

Phone: _____ Referred by: _____

_____ Ethnic _____

Background (please include all nationalities): _____

PROCEDURE(S) DESIRED:

☐ Eyebrows ☐ Classic Eyeliner ☐ Lash Enhancement Eyeliner ☐ Lip Blush ☐ Full Lip
Color ☐ Freckles/Beauty Mark ☐ Areola(s) ☐ Camouflage ☐ SMP ☐ Correction ☐ Other

ALLERGIES: Check if you have ever had an allergic reaction to any of the following and described what happened below.

☐ Latex Rubber ☐ Tattoo Ink/Pigment ☐ Novocain, Lidocaine ☐ Benzocaine, Tetracaine ☐

Lanolin ☐ Bacitracin Ointment ☐ Neomycin or Polymyxin B Ointment ☐ PABA ☐ Metal(s)

☐ Foods:

_____ Other _____

allergies: _____

Reaction: _____

EYES/EYEBROWS: Check all of the following that apply.

☐ Contact Lenses ☐ Dry Eyes ☐ Eye Makeup Sensitivities ☐ Blurred Vision ☐ Glaucoma ☐

Lasik /Eye Surgery ☐ Thyroid Abnormalities

☐ Alopecia Areata (Local) ☐ Alopecia Universalis (Total) ☐ Trichotillomania

(Compulsively Pulling Out Lashes/Eyebrow Hairs)

☐ Other Hair Loss (Describe): _____

☐ Eyebrow/Lash Tinting ☐ Botox/Fillers

Date of Last Service: _____ Date of Last Service: _____ ☐ Other

Eye Disorders: _____

LIPS: Check all of the following that apply.

☐ Cold Sores/Fever Blisters/Herpes. If yes, an antiviral prescription is **required** prior to any lip procedure.

☐ Lip Injections - Type: _____ Date: _____

☐ Other Lip Augmentation - Type: _____ Date: _____

SKIN: Check all of the following that apply.

☐ Any Other Tattoos - Location(s): _____

Age of Tattoo(s): _____ Any Issues: _____ If

yes, please explain: _____

_____ ☐

Recent Use of Tanning Beds/Direct Sun Exposure ☐ Currently Tanned in the Procedure Area ☐

Currently Using Retin-A ☐ Currently Using Retinol or AHA Date of Last Application:

_____ Date of Last Application: _____ ☐ Injectables such as Restylane, Juvederm

or Other Fillers

Date of Last Service: _____

☐ Ever had a Chemical Peel? When: _____ Type of Peel:

☐ Any Keloid or Hypertrophic Scars - Location: _____

☐ Do you bruise or bleed easily? If yes, please explain: _____

GENERAL MEDICAL: Check all of the following that apply.

☐ Diabetes ☐ Heart Problems/Palpitations ☐ High Blood Pressure ☐ Mitral Valve Prolapse or Valve Implants ☐ Pregnant or Nursing ☐ Pacemaker

☐ Taken Accutane Within the Last 12 Months ☐ Hemophilia or Other Clotting Disorders ☐

Currently on blood thinners or anticoagulants such as Coumadin, Aspirin, Ibuprofen, Alcohol If yes, please explain: _____ ☐

Autoimmune Disorders - If yes, please explain:

☐ Do you have a condition such as Hepatitis, HIV or are undergoing treatment such as chemotherapy that could affect healing? If yes, please explain: _____

☐ Epilepsy/Seizures - If yes, please explain: _____

☐ Current use of controlled substances - If yes, please explain: _____

Please list any past surgeries and the dates: _____

Please list any upcoming cosmetic procedures and/or other surgeries and dates scheduled:

Please list all medications, prescription and non-prescription that you have taken in the last two weeks: _____

Are you currently under a physician's care for any reason? If yes, please explain: _____

Physician's Name: _____ City/State: _____ Phone: _____

All information contained herein, is truthful and accurate. I have fully and truthfully provided all health and medical related information to Beauty Ink.

Signature: _____ Date: _____

Informed Consent for Permanent Makeup Procedures

Today's Date: ____/____/____

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Street City State Zip Phone Number: _____ Email: _____

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. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

PROCEDURE(s): _____

NO. OF VISITS REQUIRED: _____ COST OF PROCEDURE(s): _____

I FULLY AND COMPLETELY UNDERSTAND THE FOLLOWING: (initial each statement):

_____ I have been fully informed of the known and unknown nature, risks, and possible complications and consequences of permanent skin micropigmentation.

_____ It has been explained to me and I understand that minor and temporary bleeding, bruising, redness, swelling, fading, or loss of pigment may occur. There is a rare risk of infection, missed place pigment, allergic reaction, fever blisters, corneal abrasion and/or color change with any cosmetic tattooing procedure.

_____ All known allergies to pigments have been disclosed to Beauty Ink.

_____ I acknowledge there is a possibility of an allergic reaction to pigments and that a patch test is recommended.

_____ I understand that a patch test does not ensure a client will not have an allergic reaction.

_____ A topical anesthetic is used during this procedure. An allergic reaction can occur from the anesthetics used during the procedure(s).

_____ There may be discomfort and pain during this procedure(s) even after topical anesthetics are applied.

_____ I accept and am knowingly and voluntarily consenting to the permanence of the procedure as well as the possible known and unknown complications and consequences of said procedure(s).

_____ I have received, read, and fully understand the pre-procedure and aftercare instructions from Beauty Ink

_____ I will strictly adhere to Beauty Ink pre-procedure and aftercare instructions.

_____ I understand and acknowledge that my failure to strictly adhere to pre-procedure and aftercare instructions may jeopardize my chances for a successful procedure.

_____ I agree that any touch up work, due to my negligence, will be done at my own expense unless otherwise discussed.

_____ I have fully and truthfully informed Beauty Ink that I am free from any communicable diseases such as Hepatitis B, Human Immunodeficiency Virus Infection, or any other infectious diseases and/or skin lesions.

_____ I have fully and truthfully informed Beauty Ink of all medications that are currently in my drug and medication regimen.

_____ I have fully and truthfully advised Beauty Ink of any and all medication for depression or any other mood altering prescription.

_____ I understand that the taking before and after photographs of the said procedure(s) are a condition of such procedure(s).

_____ I accept full and complete responsibility for the decision to have this cosmetic tattoo work done.

_____ I understand the actual color of the pigment may be modified slightly, due to 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 understand that skin color, condition and tone can alter pigment as it is healing and may need additional work to achieve desired color or look.

_____ I understand that all permanent makeup will look darker in appearance directly after treatment and will lighten over time and that many factors in and out of our control can cause the permanent makeup to fade. Examples: Sun exposure, skin regimen and lifestyle.

_____ I understand that it is common for permanent makeup to fade and the result may not be what I expect to receive. I understand this is a permanent makeup procedure(s) that may take multiple follow ups and touch ups to get the desired result.

_____ I understand that due to the nature of the pigments used in permanent makeup (**pigments are not tattoo ink and can fade up to 50/60 percent in some cases**), lighter more conservative color choices may fade more than wanted and a third session may be needed to achieve the desired look. Third sessions may or may not be an additional charge depending on each individual situation.

_____ Final results cannot be determined until brows are completely healed at 4 to 6 weeks.

_____ I understand that cosmetic/camouflage tattooing, PMU or permanent tattoo is not guaranteed to cover all scars, hyper- or hypopigmented skin and is done at my own risk.

_____ I understand and agree that every effort will be made to avoid asymmetry, but when working on areas such as the face we are not symmetrical and that adjustments may be needed during the follow up session to correct any unevenness.

_____ I understand that manual and machine permanent makeup procedure(s) cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I absolutely understand and accept that this procedure is a process, often requiring multiple applications of color to achieve desirable results and the 100% success cannot be guaranteed.

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

_____ I realize this is an elective cosmetic procedure and is not medically necessary. There are no refunds upon treatment for this elective procedure.

_____ I have seen and agree with the pre-draw shape that my artist has created. I understand that this is my guideline for the shape and size of my design and it may vary slightly once the procedure is done.

_____ Future surgical procedures may be required to remove pigment from skin. These procedure(s) may cause scarring and permanent damage to skin.

_____ I understand that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, and removal of lines may or will turn permanent makeup color dark or even black. I agree to inform my esthetician or anyone operating such that I have permanent

make up.

_____ I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have permanent makeup. Pigments used in permanent makeup may contain iron oxides. A low- level magnet may be required if you need to be scanned by an MRI machine.

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

_____ I have NOT taken any blood thinners in the last 24 hours.

_____ I have NOT used a tanning bed or have had direct sun exposure in the last 1 week.

_____ I have NOT had any vaccinations in the last 2 weeks.

_____ I have NOT had Botox or any other fillers in the last 6 weeks.

_____ I have NOT used Retinol or AHA skin care products in the last 6 weeks.

_____ I acknowledge by signing this consent form. I have been given the full opportunity to ask any and all questions about permanent makeup procedures and processes from my permanent makeup practitioner.

ACCEPTANCE:

I have read and understand the risks listed above and they have been explained to me. I certify that the information in the above questionnaire is accurate and that it has been explained to me in detail 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.

Client Signature: _____ Date ____/____/____

Practitioner Signature: _____ Date ____/____/____

Waiver & Release Form

_____ To my knowledge, I do not have any mental or medical impairment or disability which might affect my well-being as a direct or indirect result of my decision to have any cosmetic/camouflage, pmu or permanent tattoo procedure done at this time. I assume full responsibility for my decision to have this procedure(s) and release Abby Goodell/Beauty Ink from any and all liability both now and in the future.

_____ If I had a permanent cosmetics procedure performed previously by another practitioner, I do not hold Abby Goodell/Beauty Ink responsible for future allergic reactions or contraindications.

_____ If I insist on driving, I waive all responsibility to my practitioner and I assume full responsibility that I can see to drive, perfectly.

_____ I agree to pay for any and all damages and injuries to any persons and property belonging to Abby Goodell/Beauty Ink to who they may become liable contractually or by operation of law, caused by or resulting from my decision to have any cosmetic/camouflage or permanent makeup at this time.

_____ I understand that if I have any skin treatments, Botox or other fillers, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. I assume full and complete responsibility.

_____ I fully understand the procedure and give permission to Abby Goodell/Beauty Ink to perform the service of permanent makeup/cosmetic tattooing and all procedure(s) and steps involved.

_____ I have truthfully filled out the consent form and have informed Beauty Ink of all medications that are currently in my drug and medication regimen.

_____ I have fully and truthfully informed Beauty Ink of my medical and health history.

_____ I have **CONSENTED TO**_(initial) or **WAIVED**_(initial) the patch test. If WAIVED, I release the technician from any and all liability if I develop an allergic reaction to the pigment.

_____ I am voluntarily receiving this procedure. I understand that there are risks associated with this procedure. Injuries or outcomes may arise from my own or other's actions. I am assuming all risks of the procedure(s), whether known or unknown to me. I accept full and complete responsibility.

_____ I swear or affirm and agree that the above information is true and correct.

_____ I hereby grant irrevocable consent to and authorize the use of any reproduction by Abby Goodell/Beauty Ink, any and all photographs which are taken this day of me, negative or positive proof which will be hereby attached for any purposes whatsoever, without further compensation to me. All negatives, together with prints, video or live internet/social media streams shall become and remain the property of Abby Goodell/Beauty Ink solely and completely.

_____ I release from liability and waive my right, and the right of my heirs, assigns, and legal representatives to bring a claim against Abby Goodell/Beauty Ink, its representatives, agents, or employees and its subsidiaries ("collectively "Beauty Ink") for any and all claims, including claims of Abby Goodell/Beauty Ink alleged negligence, resulting in any physical injury, illness (including death) or economic loss I may suffer or which may result from my participation in the procedure(s).

_____ I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing Abby Goodell/Beauty Ink from all liability, (b) waiving my right and the right of my heirs, assigns, and legal representatives to sue Abby Goodell/Beauty Ink, (c) and assuming all risks of participating in the procedure(s).

Client Signature: _____ Date: ____/____/____