

CLIENT INFORMATION & HEALTH HISTORY

Please complete every section before your appointment, or arrive 15 minutes early to complete it in the studio. All information is kept confidential.

Name _____ Date of Birth _____ Date _____

Address _____

City / State / ZIP _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

_____ I am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant or nursing, and I wish to receive the permanent cosmetic or paramedical tattoo procedure indicated in this packet. The general nature of cosmetic tattooing, as well as the specific procedure to be performed, has been explained to me.

MEDICATIONS

List all medications and topical products you currently use, including aspirin, blood thinners, immunosuppressants, Retin-A, glycolic acid, and Accutane.

MEDICAL CONDITIONS

Check any condition you have ever had.

- | | | | |
|--|--|---|--|
| ☐ Asthma | ☐ Tuberculosis | ☐ Anaphylaxis | ☐ Rheumatic / scarlet fever |
| ☐ Respiratory disease | ☐ Liver disease | ☐ Stomach ulcer | ☐ Hepatitis |
| ☐ Thyroid disturbances | ☐ Autoimmune disease | ☐ Kidney disease | ☐ Diabetes |
| ☐ Cold sores | ☐ Atopic dermatitis | ☐ Herpes | ☐ Psoriasis |
| ☐ Keloid scarring | ☐ Shingles | ☐ Skin rash | ☐ Prosthetic hip or joint |
| ☐ Blood / circulatory disease | ☐ Blood pressure conditions | ☐ Glaucoma | ☐ AIDS or HIV |
| ☐ Anemia / hemophilia | ☐ Prolonged bleeding | ☐ Artificial heart valve / graft | ☐ Abnormal heart condition |
| ☐ Heart murmur | ☐ Pacemaker | ☐ Heart surgery | ☐ Organ transplant |
| ☐ Psychiatric care | ☐ Cancer | ☐ Tumors / growths / cysts | ☐ Fainting |
| ☐ Nervous problems | ☐ Narcolepsy / epilepsy | ☐ Stroke | ☐ Seizures |
| ☐ None of the above | | | |

ADDITIONAL HEALTH QUESTIONS

- | | | |
|--|---------------------------|--------------------------|
| Are you currently taking blood thinners or aspirin therapy? | ☐ Yes | ☐ No |
| Are you currently receiving chemotherapy, radiation, or other cancer treatment? | ☐ Yes | ☐ No |
| Do you have an active infection, rash, sunburn, irritation, or open wound in or near the area to be treated? | ☐ Yes | ☐ No |
| Are you currently under the care of a physician for any condition? (If yes, explain below.) | ☐ Yes | ☐ No |

RECENT TREATMENTS

Date of your most recent treatment (leave blank if never).

Botox _____ Filler _____ Facial _____

Laser _____ Chemotherapy _____ Radiation _____

When did you last eat? _____

ALLERGIES

Check any allergies you have.

- | | | | | |
|------------------------------------|--|-------------------------------------|--|-------------------------------------|
| ☐ Latex | ☐ Epinephrine | ☐ Nickel | ☐ Antibiotic ointment | ☐ Benzocaine |
| ☐ Lidocaine | ☐ Pigments / dyes | ☐ Tetracaine | ☐ Novocain | ☐ None known |

Other allergies _____

☐ Client declines to disclose some or all of the information requested above.

Client Signature _____ Date _____

CLIENT PROCEDURE CARD

Office use only. Completed by Anita Darling at each appointment.

Client _____ Date of Birth _____

Fitzpatrick type ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Skin type _____ Skin is ☐ Dry ☐ Oily ☐ Combination

Needle type _____ Unbroken-skin numbing _____

Broken-skin numbing _____ Pigment brand _____

Pigment color _____ Pigment lot # _____ Expiration date _____

PROCEDURE / DESCRIPTION NOTES

PROCEDURE & PATCH TEST

Procedure(s) _____

Treatment area ☐ Brows ☐ Lips ☐ Eyeliner ☐ Areola (3D nipple-areola) ☐ Scar camouflage

☐ Stretch mark camouflage ☐ Vitiligo correction ☐ Other: _____

Areola clients: areola tattooing is performed with permanent tattoo ink, not semi-permanent makeup pigment. The result is permanent: it may soften or fade over time, but it will not fully go away on its own.

PATCH TEST

A patch test is the application of a small amount of pigment to the skin at the hairline to check for an abnormal reaction. If I request a patch test, my appointment will be scheduled **at least 8 days** after the test so the results can be evaluated.

I choose to ☐ Receive a patch test ☐ Waive the patch test Initials _____

Whether I receive or waive the patch test, I release Darling Derma Ink LLC and Anita Darling, and the pigment manufacturer(s), from any and all liability related to an allergic or other reaction to the applied pigment. If I waive the patch test, I specifically release Darling Derma Ink LLC and Anita Darling from liability should I develop an allergic reaction to the pigment.

INFORMED CONSENT TO PROCEDURE

- I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation.
- I understand that permanent skin pigmentation carries known and unknown complications and consequences, including but not limited to infection, scarring, inconsistent color, and spreading, fanning, or fading of pigment.
- I understand that corneal abrasion is a rare side effect of eyeliner procedures, particularly if I rub or scratch my eyes or wear contact lenses too soon afterward.
- I understand the healed color of the pigment may differ slightly from the color in the bottle because of the tone and color of my skin.
- I understand that this is a tattoo process and is therefore an art, not an exact science.
- I request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure, as well as its possible complications and consequences.
- I understand an allergic reaction to pigments is possible.
- I understand that skin treatments, laser hair removal, plastic surgery, or other skin-altering procedures may cause adverse changes to my permanent cosmetics, and that some of these changes may not be correctable.
- I acknowledge that the health conditions I have disclosed may increase the health risks associated with receiving a tattoo procedure.
- I have received pre- and post-procedure instructions and will follow them closely. I understand that failing to do so may jeopardize the success of my procedure.
- If I take any medication for depression or any other mood-altering prescription, I will tell Anita Darling before my procedure.
- If I have ever had cold sores or any condition listed in my health history, I will consult my physician and follow their instructions before having any permanent cosmetic procedure.
- All procedures are performed personally by Anita Darling, Micropigmentation Specialist, owner of Darling Derma Ink LLC.
- I understand that before-and-after photographs of my procedure are taken for my client record as a condition of treatment. Use of my photographs for advertising requires my separate permission in the Photo & Media Release below.
- I certify that I have read the statements above and that this consent and procedure permit has been explained to my satisfaction.
- I accept full responsibility for my decision to have this cosmetic tattoo work done.

Client Signature _____

Date _____

PHOTO & MEDIA RELEASE

Optional. Please initial **one** choice. Your decision does not affect your care.

- _____ **Advertising permitted.** I authorize Darling Derma Ink LLC to take before-and-after photographs of my treatment and to use them for advertising, including the website, social media, and printed materials. My name will not be published without my separate written consent.
- _____ **Client file only.** I authorize Darling Derma Ink LLC to take before-and-after photographs of my treatment to be kept only in my confidential client file.

CLIENT ACKNOWLEDGEMENTS

Please initial each statement.

- _____ I have informed Darling Derma Ink LLC of my current health and of any physician care I am under, and I am in good health to the best of my knowledge.
- _____ I understand this description of the procedure is not meant to scare or alarm me. It is provided so that I am fully informed and can give or withhold my consent.
- _____ I understand there may be known and unknown risks and hazards related to the procedure planned for me, and that no warranty or guarantee has been made to me as to the results.
- _____ I acknowledge that the pigment manufacturer recommends spot testing and specifically disclaims responsibility for any adverse reaction to applied pigments. I understand spot testing may identify people who have an immediate allergic reaction to pigment.
- _____ I understand that allergic reactions to pigment are very rare, but they can and do occur, and when they occur they can be serious and difficult to treat.
- _____ I have been told that this procedure involves some pain and discomfort.
- _____ I understand that the markings are permanent and that hyperpigmentation is possible, especially for people prone to hyperpigmentation from a scar or other injury.
- _____ I understand that a follow-up (refinement) session may be needed after my initial procedure, and I have read and agree to the **Follow-Up & Refinement Policy** in this packet, including its fees and its scheduling: 4–6 weeks after the initial session, and never sooner than 1 month.
- _____ I understand that eyeliner procedures carry a chance of corneal abrasion.

Client Signature _____

Date _____

FOLLOW-UP & REFINEMENT POLICY

Areola refinement session	Included at no charge. Scheduled 4–6 weeks after the initial areola session, and never sooner than 1 month.
Initial scar revision, areola clients	Included at no charge for areola clients.
Additional scar revision or camouflage, areola clients	\$250 per session. Any revision or camouflage of the same scars after the initial revision.
All other follow-up sessions	\$250 per session, not included in the price of the initial procedure. This covers every other follow-up, touch-up, refinement, revision, or camouflage session, including brows, lips, eyeliner, scar camouflage, stretch mark camouflage, and vitiligo correction.

- Follow-up and refinement sessions are scheduled 4–6 weeks after the initial session, and never sooner than 1 month (see Healing, Results & Aftercare).
- Session fees are paid at the time of the session.
- To cancel or reschedule a follow-up session, please give at least 48 hours' notice.

RISKS, RESPONSIBILITY & DISPUTE RESOLUTION

Please initial each statement.

- _____ Other risks of the procedure may include, but are not limited to: infection; allergic or other reactions to applied pigments; allergic or other reactions to products applied during and after the procedure; fanning or spreading of pigment (pigment migration); fading of color; and other unknown risks.
- _____ I accept full responsibility for any and all present and future medical treatment and expenses I may incur should I need treatment for any known or unknown reason associated with the procedure planned for me.
- _____ I acknowledge the procedure(s) to be performed and the risks and hazards involved, and I believe I have sufficient information to give this informed consent.
- _____ I understand this is a cosmetic tattoo and that, over time, pigment can and will fade or change with metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, and use of products such as Retin-A and glycolic acids. Touch-up maintenance will be needed in the future to keep the work looking fresh.
- _____ **No refunds.** I understand there are no refunds on permanent makeup or paramedical tattooing. If my pigment does not hold as expected or needs additional touch-ups, I agree to contact Darling Derma Ink LLC to discuss additional applications, and I understand that refunds will not be issued. Payment is due upon completion of each session.
- _____ **Arbitration.** Should I have a complaint of any kind, I will notify Darling Derma Ink LLC immediately. I agree that any controversy or claim arising out of or relating to this consent and/or any signed agreement between me and Darling Derma Ink LLC and Anita Darling, or the breach thereof, shall be settled by arbitration in the State of Georgia in accordance with the rules of the American Arbitration Association, and that judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction.
- _____ I understand that if I develop an infection, adverse reaction, or allergic reaction following the procedure, I must notify Darling Derma Ink LLC, a health care practitioner, and the Georgia Department of Public Health Emergency Line (1-866-782-4584).
- _____ I have had the opportunity to ask questions about the procedure, and my questions have been answered.
- _____ I certify that I am having this procedure voluntarily, of my own free will.

_____ I certify that I have thoroughly read this form, or it has been read to me, and that I understand its contents.

Client Signature _____

Date _____

HEALING, RESULTS & AFTERCARE

Please initial each statement.

_____ **What to expect right after.** Permanent makeup looks very intense and thick immediately after the procedure, and the color will not look right for the first few days. Pigments are formulated to counteract skin undertones, so browns can look orange-brown, blonde brows can look too yellow, and lip colors can look startlingly bright. Some colors first look too bright and others too dark. This is normal and it changes. Excess pigment sheds over the next 2–3 days, then the skin heals over it. The healed layer of skin softens the color considerably, and lines look thinner as swelling goes down. By about the fourth day most people look close to normal, colors continue to soften over the following weeks, and the result looks natural in 1–2 months.

_____ I understand the treated area will flake as it heals.

_____ I understand that some pigment will come off on the cotton swab when I apply ointment.

_____ I understand that after the first procedure my permanent makeup may appear thinner than expected.

_____ I understand that everyone's body chemistry is different. Depending on anti-aging products, sun exposure, smoking, prescription medications, skin texture, complexion, and immune system, some pigments may fade more than others. If my permanent makeup fades, lightens, or seems to disappear, this is not cause for alarm: adjustments can be made at my follow-up session to suit my skin.

_____ **Permanent makeup is at least a 2-step process.** I understand that some loss of pigment after the first session is normal.

_____ **Lip procedures and cold sores.** If I am having a lip procedure and have ever had a cold sore, I understand I may have another outbreak. If I am prone to cold sores, I will ask my physician about taking Valtrex (or a similar antiviral) for at least 3 days before my appointment and 3 days after. I understand that a large share of adults (commonly cited as more than 70%) carry the cold sore virus without knowing it.

_____ **Timing of touch-ups.** I understand the final healed result is visible at about 1–2 months. Follow-up and refinement sessions are scheduled 4–6 weeks after the initial session, and under no circumstances will a touch-up be performed sooner than 1 month after the first procedure, because working on the area too early can cause scarring and permanent damage.

_____ I will follow the Post-Procedure and Aftercare Instructions provided to me in writing at the end of each procedure.

AGREEMENT & RELEASE

_____ I have read and understand every item in this packet. I acknowledge that this is a contract and that I have received no warranties or guarantees regarding the benefits or consequences of the procedure(s). I acknowledge that, at the time of signing, I am of sound mind, capable of making my own decisions, and that no one has pressured me into this decision. I agree not to hold Darling Derma Ink LLC and Anita Darling, or anyone assisting her, liable for any reactions, outcomes, or occurrences that may or may not result from the procedure(s).

Client Signature _____

Date _____

Printed Name _____

Artist: Anita Darling, Micropigmentation Specialist _____

Date _____