

CLIENT NAME: _____ **Date:** _____

The nature and method of the proposed permanent cosmetic (cosmetic tattoo) procedure has been fully explained to me by my technician and/or by her or his associate(s) including the usual risks inherent in the tattooing process, and the possibility of complications during or following its performance.

I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discolouration and swelling. Additionally, fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur; However, if properly cared for, this is rare.

- I have informed my permanent cosmetic technician and her associates of any and all existing health problems.
 - I acknowledge that complications are always possible as a result of the permanent cosmetic procedure, particularly in the event that my post-procedural after care instructions are not followed.
 - I acknowledge that hyper pigmentation (darkening of the skin) or hypo pigmentation (the absence of colour in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that my permanent makeup technician and her associate(s) cannot always predict how my skin may react as a result of this procedure.
 - I acknowledge the receipt of written instructions advising me of the proper aftercare of my procedures and I recognize the absolute necessity for following these instructions.
 - I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results.
 - I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants, and injections may alter and degrade my permanent makeup. I further understand that such changes are not the responsibility of my permanent makeup technician.
- I further understand that such changes in my appearance may not be correctable through further permanent makeup procedures.
- I am aware that cosmetic tattooing is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure.
 - I authorize my permanent cosmetic technician and her associates(s) to obtain pre-procedural and post-procedural photographs and give her permission to use such photographs for publication and/or for teaching purposes, as she chooses.
 - I am aware that the herpes simplex virus type 1 (HSV-1) (fever blisters or cold sores) may occur as a result of the lip procedure due to trauma to the lip tissue (Only for Lip Blush). The anticipation of an outbreak may be pre-treated with antiviral medication, available by prescription from your physician.

SEMI-PERMANENT MAKEUP INFORMED CONSENT AGREEMENT

- I understand that tattoos may cause MRI (Magnetic Resonance Imaging) artefacts and that there may be a warming and/or tingling sensation in the permanent cosmetic procedural area during the MRI due to the iron oxide (metallic salts) properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event that an MRI procedure is prescribed.
- Due to the fact that my approval is obtained prior to final selection of colour to be implanted and design application(s) to be applied, my technician employs a no refund policy.
- For some skin types and procedures, permanent cosmetics may be a multisession process. In addition to your initial application, you are entitled to a post-evaluation appointment. At the post-evaluation appointment, it will be determined if a touch-up to the initial application is required. You must schedule your post-evaluation appointment within 5 weeks from the date of the initial procedure.
- It has been explained to me that immediately after the procedure(s) is completed, the colour will appear darker than when the procedure heals. It has also been explained that within a short period of time, during the healing process, the colour will soften.
- All colour fades - this is a fact that also applies to pigments/inks used for cosmetic tattooing. After your procedure(s) have been performed and any subsequent work performed at the post-procedure appointment, the pristine appearance of your permanent cosmetics is dependent on daily maintenance, of avoiding direct sunlight (intentional tanning), avoiding strong chemicals applied. The time frame for that need cannot be predicted as this aspect of permanent cosmetics is very client specific. If the procedural area is dense enough (can be easily seen) that one application of pigment/ink will bring the colour back to its original appearance, a colour refresher fee will be charged that represents a lower charge than the fee charged for new work.
If the procedural area is extremely light and only represents a weak version of the original procedure, or if it is not visible, a procedure fee, for some adjustments will be charged.
- I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s).

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about permanent makeup procedure(s) and process(es) from my permanent makeup technician and/or her associate(s). I have disclosed any relevant medical information or conditions that may be a contra-indication to the treatment.

CLIENT SIGNATURE: _____ DATE: _____
PRACTITIONER SIGNATURE: _____ DATE: _____

HEALTH CONDITIONS TRIAGE

	Yes	No
1. Are you pregnant or nursing?		
2. Have you had caffeine drinks, caffeine supplements or energy drinks e.g red bull in the past 24 hours?		
3. Do you take prescription drugs?		
4. Have you had a laser or chemical peel within six months?		
5. Have you recently had facial cosmetic surgery?		
6. Do you hyperpigment (darken) or hypopigment when the skin is compromised?		
7. Do you have any health issues such as: abnormally high or low blood pressure, diabetes, heart conditions, anemia?		
8. Do you develop keloid or hypertrophic (raised) scars?		
9. Do you scar easily from minor skin injuries?		
10. Do you have any problems healing from small wounds?		
11. Do you use Retin-A®, glycolic, or other exfoliating products?		
12. Do you consume Aspirin or Warfarin regularly?		
13. Do you have a history of cold sores/fever blisters?		
14. Do you have Botox® injections?		
15. Have you ever used the acne treatment Accutane®?		
16. Do you have a history of skin sensitivities?		
17. Do you have allergies to topical makeup?		
18. Have you ever had an allergic reaction to any of the following products; Bacitracin, Neomycin, Polymyxin and Lanolin (these can be ingredients of topical and antibiotic creams) or propylene glycol?		
19. Are you allergic or sensitive to any metals, for instance, metals used for jewellery, i.e. Nickel.		
20. Are you sensitive to petroleum-based products?		
21. Have you ever had a reaction to Novocaine or Lidocaine?		
22. Do you have a history of cancer?		
23. Do you have a Thyroid condition?		
24. Do you have any auto-immune disorders?		
25. Have you ever been diagnosed with Hepatitis B/C or HIV?		
25. Do you suffer from Acne, Dermatitis, Eczema or Psoriasis?		
I have no medical conditions other than disclosed above.		

FIRST NAME (CAPITALS): _____

SURNAME (CAPITALS): _____

SIGNATURE: _____

DATE: _____ PRACTITIONER SIGNATURE: _____