



About Skin Spa New Client Intake Release for Permanent Makeup

Name _____

Date of Birth _____ / _____ / _____

Address _____ City _____

State _____ Zip Code _____

Home/Cell (_____) _____ - _____ Email _____ @ _____

Emergency Contact Name _____

Emergency Contact Phone Number (_____) _____ - _____

I, _____ (full name), am not under the influence of drugs or alcohol, am not pregnant or nursing & desire to receive the indicated permanent makeup (cosmetic procedure). The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained, in full detail, to me. All my questions were fully answered.

Procedure Name: _____

No. of Visits Required: _____ Cost of Procedure: \$ _____

- I have been informed of the nature, risks, & possible complications & consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known & unknown complications & consequences (although unlikely) associated with this type of cosmetic procedure, including





but not limited to infection n, scarring, inconsistent color, & spreading, fanning, or fading or pigments. I understand the actual color of the pigment may be modified slightly, due to the tone & color of my skin. I fully understand this is a tattoo process & therefore not an exact science, but an art. I request the permanent skin pigmentation procedure(s) & accept the permanence of the procedure as well as the possible complications & consequences of the said procedure(s).

_____ (initial)

- There is a possibility of an allergic reaction to pigments. A patch test is advisable; however, it does not ensure a client will not have an allergic reaction. I consent _____ (initial) or waive _____ (initial) the patch test. I release **About Skin Spa** & its employees from liability if I develop an allergic reaction to the pigment. _____ (initial)
- I have been informed that my treatment results may vary if I am pregnant or nursing. I have disclosed my pregnancy status to **About Skin Spa** & have provided a waiver of treatment approval from my physician. I agree that if my status changes I will inform **About Skin Spa** immediately & prior to treatment. _____ (initial)
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent cosmetics. I acknowledge that some of these potential adverse changes may not be correctable. _____ (initial)
- I agree that if I experience any side effects from my treatments that I will contact **About Skin Spa** & allow them to review & treat my condition to the best of their ability. If I chose to visit another provider without allowing **About Skin Spa** to first review my treatment plan than **About Skin Spa** may not be held liable for any reimbursement of care. _____ (initial)
- I understand that to keep prices low **About Skin Spa** requires a minimum of 24 hours' notice for cancellation or rescheduling. If I do not follow this policy I will be charged half ($\frac{1}{2}$) of the total cost of my appointment. I will not be able to book/schedule another appointment with **About Skin Spa** until my account balance is \$0.00. I understand that I will be responsible for paying all costs & expenses associated with my failure to pay any amounts owed to **About Skin Spa**, including all returned check fees, reasonable attorney fees, court costs, & any other related collection costs & expenses. _____ (initial)
- Any & all controversies, disputes or disagreements relating to or arising out of this agreement, including personal injury resulting from services received, shall be submitted to binding arbitration according to the rules & regulations of the American Arbitration Association, & binding judgement based on the decision of the arbitrator may be entered in any court of competent jurisdiction. _____ (initial)
- I understand **About Skin Spa** does not guarantee results or make any promises as to the effectiveness of my treatment. I understand that the required number of treatments varies for each client & for each type of treatment. I understand **About Skin Spa** will not refund my purchase due to less than average results or because I experience side effects from treatments. _____ (initial)
- I consent to being treated with the products determined necessary by **About Skin Spa**. I have informed **About Skin Spa** of any known product & medication allergies that I may have. _____ (initial)





- I have received pre- & post-procedure instructions, & I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for acne, mood alteration or blood pressure I will immediately notify my esthetician as this could adversely affect blood flow & the healing process. _____ (initial)
- I am not using any photosensitizing drugs or products or have had the risks explained to me & given my consent to continue treatment. _____ (initial)
- I understand that before & after photographs may be taken for documentation in my client record. I hereby give consent to *About Skin Spa* to take photographs of me as needed during my treatments. I authorize *About Skin Spa* to use such photographs for purposes of training, professional publication, education or marketing. I understand that the taking of before & after photographs of the said procedure(s) are a condition of said procedure(s) & will be used in my esthetician's portfolio. _____ (initial)
- I certify that I have read, fully understand the above paragraphs. I understand & consent to the cosmetic procedure. I accept full responsibility for the decision to have this cosmetic tattoo work completed.
_____ (initial)

Client: _____ **Date** _____ / _____ / _____

Driver's License No: _____

Driver's Lic. Issuing State: _____ **Driver's Lic. Exp. Date** _____ / _____ / _____

Esthetician: _____ **Date** _____ / _____ / _____

