

Client Medical History & Consent Form

Name: _____ Date: _____

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

Phone: _____ Email: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

Do you presently have or previously had any of the following: (circle yes or no)

Y N History of MRSA

Y N Chemotherapy/Radiation

Y N Botox

Y N Tan by booth or Sun

Y N Diabetes

Y N Accutane or acne treatment

Y N Lip fillers/Restylane/Juvederm

Y N Contact Lenses now

Y N Cold Sores/Fever blisters ever

Y N Alcoholism

Y N Blepharoplasty (eye surgery)

Y N Abnormal Heart Condition

Y N Hepatitis (A, B, C, D)

Y N Eye surgery/ injury/ Corneal abrasion

Y N Forehead/Brow lift

Y N Take Meds before dental work

Y N Bleed Easily

Y N Chemical peel (last treatment _____)

Y N Face Lift

Y N Pregnant now/ Breast feeding now

Y N Brow or Lash tinting

Y N Autoimmune Disorder

Y N Oily Skin

Y N Cancer (year _____)

Y N Taking blood thinner such as: Aspirin, Ibuprofen, alcohol, Coumadin, Etc., _____.

Y N Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc. _____.

Y N Allergies to metals, food, etc. _____.

Y N Any disease or disorders not listed: _____.

Y N Do you use skin care products containing Retin-A, glycolic acid, or alpha hydroxyl?

Please list any medications or vitamins you're presently taking: _____

_____.

I agree that all the above information is true and accurate to the best of my knowledge,

Signature: _____ Date: _____

Consent and Release Agreement for Permanent Cosmetics

This form is designed to give information needed to make an informed choice of whether to undergo a permanent cosmetic application. If you have questions, please don't hesitate to ask. Although permanent cosmetic tattooing is affective in most cases, no guarantee can be made that a specific client will benefit from the procedure. This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing. All instruments that enter the skin or that come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is normal to expect a touch-up after the healing is completed. Initially the color will appear much more vibrant or dark compared to the end result. Usually within 5-7 days the color will fade 10-50%, soften and look more natural. The pigment is permanent but will fade somewhat over time and will likely need to be touched-up through the years.

Photography Release Consent:

Allied Beauty Insurance Company requires "Before" and "After" photos to be taken and kept on file. We would like your permission to use these photos for advertising. For example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this.

YES, feel free to use them

NO, please do not use them

Print Name: _____

Signature: _____ **Date:** _____

Special requests, concerns, or remarks for the technician:

Possible risks, hazards or complications:

- **Pain:** there can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. Lip procedures are more likely to involve some pain.
- **Infection:** infection is very unusual. The area treated must be kept clean and only freshly cleaned hands should touch the area. See "Aftercare" sheet for instructions on care.
- **Uneven Pigmentation:** This can result from poor healing, infection, bleeding, or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Even effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the following up session to correct any unevenness.
- **Excessive swelling or bruising:** Some people swell and bruise more than others. Ice packs may help and the bruising and swelling typically disappears within 1-5 days. Some people don't bruise or swell at all.
- **Eye Exposure:** there is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform your technician prior to the procedure.

- **MRI:** Because pigments used in permanent cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.
- **Fever Blisters:** If you are prone to cold sores or fever blisters, (herpes simplex), there is a high probability that you will have an outbreak from the procedure. It is advised that you call your health care provider for a prescription antiviral to help prevent this from occurring.
- **Allergic Reaction:** There is a small possibility of an allergic reaction. You may take a 5–7-day patch test to determine this (upon request).

Y N circle yes or no if you would like to receive a patch test at an additional cost _____ (initials)

STATEMENT OF CONSENT AND RECITALS:

Please read and initial all lines.

_____ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. After is also available on our website. (www.livexalf.com) If I have questions I will call, text, or email my technician.

_____ I understand that a certain amount of discomfort is associated with the procedure and that swelling, redness and bruising may occur.

_____ Fever blisters may occur in lip procedure in individuals who have the herpes simplex virus, and it is my responsibility to obtain a prescription from my health care provider for an anti-viral medication to help avoid breakout.

_____ I understand that Retin-A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on treated areas, They will alter the color.

_____ I understand that sun, tanning beds, pools, some skin care products, and medications can affect my permanent makeup.

_____ I understand that successful lip color saturation CANNOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I'm schedule for an MRI.

_____ I accept the responsibility to explain to you my desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstance beyond my artists control and I will need to maintain the color with future applications and a touch up session within 60 days.

_____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention, and hyper-pigmentation.

_____ I have been quoted the cost of today's appointment, there will be no refunds for this elective procedure(s). Any last-minute cancellations (48 hours or less before a scheduled appointment) or no shows for touch up appointment(s) will result in a fee of \$50 to reschedule the same appointment. All other procedures are as normal menu price.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all my questions have been answered. I acknowledge that I have reviewed and approved the materials given to me and I authorize, Mallory Wilson, as my Permanent Cosmetics Artist to perform on my body the following procedures:

Procedure(s) desired today: _____

Signature _____ Date: _____

Witness Signature Mallory Wilson _____ Date: _____

What to Know Before Getting a Tattoo

While a tattoo may only take a few minutes to acquire, it is permanent. You should understand the risks and research the process before getting a tattoo. Tattooing involves breaking the skin, one of your body's main protective barriers. This means you may be more susceptible to skin and blood infections. Specific risks include:

Bloodborne diseases. If the equipment used to do your tattoo is contaminated with the blood of an infected person, you can contract a number of serious bloodborne diseases. These include hepatitis C, hepatitis B, tetanus and HIV, the virus that causes AIDS.

Skin infections. The use of unsterile equipment or re-used ink can result in skin infections, ranging from minor to potentially serious antibiotic resistant infections. Symptoms may include redness, swelling, or pus-like drainage.

Granulomas. Bumps may form around the site of the tattoo as a reaction to the ink.

Scars and keloids. The ink may cause scars and keloids (raised, ridged areas caused by overgrowth of scar tissue).

Allergic reactions. The ink may cause an itchy rash at the tattoo site.

Swelling or burning. Tattooed areas may swell or burn during Magnetic resonance imaging (MRI) exams.

Additional topics to discuss with your body art professional include their Bloodborne Pathogen Training, the establishment's proficiency requirements, and the establishment's autoclave monthly spore test results. If abnormal itching, irritation, redness, swelling or fever should appear, please contact a physician immediately. These could be signs of a potentially serious medical condition that should be addressed.

To ensure that your body art procedure heals properly, we ask that you disclose if you have or have had any of the following conditions. Disclosure does not legally prevent you from having a body art procedure.

Yes No	Diabetes
Yes No	History of hemophilia (bleeding)
Yes No	History of skin diseases, skin lesions, or skin sensitivities to soaps, disinfectants, etc.
Yes No	History of allergies or adverse reactions to pigments, dyes or other skin sensitivities such as latex
Yes No	History of epilepsy, seizures, fainting or narcolepsy
Yes No	Use of medications, such as anticoagulants that thin the blood and/or interfere with blood clotting
Yes No	Human immunodeficiency virus (HIV)
Yes No	Hepatitis

The Illinois Department of Public Health
Division of Food, Drugs and Dairies
Springfield, Illinois • 217-785-2439

Aftercare Instructions

Proper care following your procedure is necessary to achieve the best results.

Unevenness of color is to be expected after the first procedure. This can be corrected during the touchup visit. Please review the following information and aftercare instructions and refer to them as necessary. Please, be advised that if these instructions are not properly followed results can be compromised.

- Expect treated areas to be tender for the next few days.
- Wash the area morning and night with an antibacterial soap or gentle cleanser.
- Keep the area of pigmentation lightly moist with the provided product for 7 days. Re-apply every 3 to 4 hours, when skin feels dry and tight it is time to reapply. To re-apply wipe the area clean within a cotton ball and gently apply the provided aftercare product with a Q-Tip.
- If a crust forms on the pigmented surface, do not force removal by scratching or abrasive washing. The pigment could be removed along with the crust. If weeping occurs, blot regularly, cleanse, and reapply aftercare. Some itching is normal as the skin is healing.
- Please, do not pick, peel or scratch the treated area or your color may heal unevenly. Do not touch the area with your fingers.
- Do not expose the area that is healing, to dirty or unsanitary conditions. Direct sun, Tanning beds, hot tubs, saunas, steam, salt water, chlorinated pools, direct shower spray, skin creams, ointments, or lotions other than the provided aftercare must be avoided for 1 week following your procedure. The color will appear dark during the first days and will gradually lighten. The final results are very natural.
- Use a sunscreen if out in direct sun after healed. Sun exposure will fade your permanent cosmetics just like a body tattoo.
- If you are planning a chemical peel, laser peel, MRI, or other medical procedure, please inform your physician of your cosmetic tattoo.
- Do not apply any creams or products to the tattooed area as they can cause discoloration and fading. For example, Retin-A, Glycolic, salicylic, lactic acids, or any chemical peeling substances.
- In the unlikely event that you get an infection, contact your health care provider. A tattoo is an open wound, treat it as such to avoid infection risk.
- Do not perform any eyebrow shaping (threading, waxing, tweezing) for at least 2 weeks after your new brows have been tattooed.
- Sleep on your back as much as possible. Be sure to use a clean pillowcase.

Your Next Appointment:

Date _____ Time _____

Call us with any questions or concerns at: _____

- If you are to NO CALL or NO SHOW for the touch up appointment, it will be considered forfeited. To reschedule a touch up appointment it will be rescheduled at the touch up rate.

Signature _____ Date: _____