

PRE PROCEDURE SCREENING ASSESSMENT

CLIENT NAME:

DATE:

CHECK ALL THAT APPLY *

- History of hemophilia or excessive bleeding
 - Dry Skin/Oily Skin/Combination Skin/Mature Skin (Circle if applicable)
 - Skin sensitivities to soaps or disinfectants
 - History of jaundice or hepatitis
 - Alopecia or similar
 - Telangiectasia/Erythema
 - Rosacea Eye Disease
 - Eczema/Psoriasis
 - History of Skin Disease
 - Scleroderma Dermatitis
 - Active Infection
 - Keloid-scars easily
 - On Antidepressant(s)
 - History of cold sore and/or fever blisters
 - Active herpes simplex
 - Currently pregnant or breastfeeding
 - HIV/AIDS Virus
 - Uncontrolled Diabetes/other conditions that may affect blood circulation and/or the ability to fight infections
 - History of allergies, anaphylactic reaction, or adverse reactions to latex, pigments, dyes, disinfectants, metals, or other sensitivities related to body art procedures
 - History of Skin Cancer/Skin Lesions
 - History of epilepsy, seizures, fainting, or narcolepsy
 - Treatment with anticoagulants or other medical conditions that thin the blood and/or interfere with blood clotting
 - History of any known medical condition which would increase susceptibility to infection or impair the healing process (e.g. immunosuppression, etc.)
 - Any other information that would aid the technician in providing education on the client's suitability for receiving a body art procedure and the client's healing process
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CLIENT HEALTH QUESTIONNAIRE *

By signing below, I acknowledge that I have been asked about the above conditions by my body art practitioner, and I have honestly and correctly indicated if I do or do not fall into any of the risk categories to the best of my knowledge, and have been provided with additional, applicable information. Any client reporting one or more of the above conditions shall advise the client to consult his/her primary care physician before undergoing a body art procedure.

X _____
(Client Signature)

Please list ALL current medications/supplements/allergies: _____

APPOINTMENT PROTOCOL *

NO CAFFEINE or alcohol 24 hours prior to your appointment - that includes your morning coffee the day of. No fish oil, anticoagulants or blood thinning drugs 4 days prior to your appointment. Your appointment will be rescheduled for failure to follow the pre-appointment preparation protocol. If we learn that you have failed to follow any part of your pre-procedure protocol, you will be rescheduled.

I agree to follow the Pre-Appointment Protocol prior to my procedure.

SCHEDULING YOUR FOLLOW UP *

Part 2 is not included in the total cost. If you have no intention of coming back for your follow-up session, then we do not recommend booking the initial session - it's a two-part process. Please be advised that if you have to cancel Part 2 or a touchup for any reason, you may be assessed a higher price if you are unable to secure a new appointment within 8 weeks of your initial session. I HIGHLY recommend scheduling Part 2 on the same day you receive Part 1.

I understand that Part 2 is necessary, and I will schedule my follow-up 6-8 weeks from today.

BUSINESS POLICIES *

If you are more than 10 minutes late to your appointment, it is the technician's discretion as to whether your appointment must be rescheduled. Although I am understanding of things coming up, I cannot postpone the next appointment to accommodate another client's being late. Follow-ups have to be scheduled within 8 weeks of your last session for optimal results. If you have children, please make arrangements for childcare ahead of time. Please do not bring guests to your appointment. Failure to abide by our business policies will result in forfeiting your appointment that day. Same-day cancellations and no-shows will result in an additional fee of the remaining balance of the service cost. NM SKIN BAR does not offer refunds. Please be aware that results can vary, as every client is different. Please note that permanent makeup is in fact a process, requiring more than 1 session. Starting the process and deciding that you do not wish to continue will not result in a refund. You agree to this policy when you schedule with us.

I have read and understand ALL of NM SKIN BAR's Business Policies.

BY CHECKING THE BOXES BELOW, YOU AGREE TO THE FOLLOWING: *

I have read and understand NM SKIN BAR's No Refund Policy.

I understand that if I do not notify NM SKIN BAR that I will not be able to make it to my appointment, I will be charged 100% of the service cost and will not be able to reschedule until that amount is paid in full.

I understand that this is a medical procedure and results are not guaranteed.

HEMOCARE COMMITMENT *

I agree that I will follow recommendations by my technician for home care. I will be responsible for following home regimens that can minimize or eliminate possible negative reactions, including recognizing the importance of allowing the scabs to fall off naturally, applying recommended aftercare ointment regularly, and avoiding excessive sweating, sun/tanning booths, and extreme weather conditions. In the event that I may have additional questions or concerns regarding my treatment or suggested post-treatment care, I will consult NM SKIN BAR immediately.

I have read and understand the aftercare involved for this procedure and agree to follow the recommended aftercare regimen.

RISKS AND COMPLICATIONS *

Body art procedures may cause slight bleeding and pain. Because body art procedures breach the skin, infections and other complications are possible. In some people, tattoo pigments and piercing jewelry can cause allergic skin reactions. Infections can occur from use of unsterile equipment or not following proper aftercare. A procedure done with contaminated equipment may cause the contraction of various blood borne diseases such as hepatitis B, and HIV. Other skin problems such as granulomas (nodules that may form around material the body perceives to be foreign) or keloids (raised areas caused by an overgrowth of scar tissue) can occur for certain people. Other risks of piercings include oral complications such as chipping or cracking teeth and interference with chewing and swallowing with tongue piercings and tearing or trauma if body jewelry becomes caught and torn out. Tattoos can cause complications with MRI (magnetic resonance imaging) procedures such as an interference with the image and swelling or burning after the MRI. Tattoos may be able to be removed with laser technology, but removing a tattoo usually involves several painful and expensive treatments and complete removal without scarring may not be possible.

I have read and understand the potential risks and complications that may occur after this procedure.

Describe the design and location of the procedure (Circle):

Brow

Lips

Other:

CONSENT FOR PERMANENT MAKEUP PROCEDURE *

I am over the age of 18, am not under the influence of drugs or alcohol and desire to have a permanent makeup procedure performed. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

X ____

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, allergic reaction, scarring, inconsistent color, and spreading, fanning or fading of pigments. 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 request the permanent makeup procedure and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure. I understand that while this is sometimes referred to as semi-permanent in nature, due to each individual's reaction to pigment, the length of time pigment is present cannot be guaranteed. In some cases, pigment will be permanent.

X ____

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 some of these potential adverse changes may not be correctable.

X ____

I have received pre- and post-procedure instructions and 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 depression or any other mood-altering prescription, I will advise my technician.

X ____

I understand that the taking of before and after photographs/videos of the said procedure are a condition of such procedure. I certify I have read and initialed the above paragraphs and have had them explained to my understanding of this consent and the procedure process. I accept full responsibility for the decision to have this cosmetic tattoo work done.

X ____

By signing this form, I acknowledge that I:

- ❖ have read and understand the written information regarding risks, effects, and permanence of body art procedures,
- ❖ have received a copy of the disclosure statement and notice for filing complaints,
- ❖ have been provided with verbal and written aftercare information,
- ❖ am not under the influence of drugs or alcohol, and
- ❖ have been provided with a copy of this record
- ❖ I have read and understand the potential risks and complications that may occur after this procedure.

I agree to indemnify and hold harmless NM SKIN BAR/Dezirae Lake against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If NM SKIN BAR/Dezirae Lake incurs any of these types of expenses, I agree to reimburse NM SKIN BAR/Dezirae Lake. I acknowledge that NM SKIN BAR/Dezirae Lake and their volunteers, landlords, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of NM SKIN BAR/Dezirae Lake. In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

CLIENT _____ PROCEDURE DATE _____
ARTIST _____ PROCEDURE DATE _____

In addition, this record serves as signed documentation that the body art facility performing your tattoo, piercing, and/or branding is a licensed facility by the State of Michigan. It is recommended that individuals or organizations visit www.michigan.gov/bodyart to determine the current license status of the body art facility before proceeding with any body art procedure.

PRACTITIONER USE ONLY *

Pigments used:

LOT#

EXP:

Notes:

NM SKIN BAR
408 N MITCHELL ST
CADILLAC MI 49601
231-468-5900