



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Info:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Relationship: \_\_\_\_\_

**Medical History:**

**Are you pregnant and/or nursing? Y/N**

**Are you allergic to latex? Y/N**

**Please indicate if you have had any of the following:**

☐ CANCER   ☐ HEPATITIS   ☐ BLOOD DISORDER   ☐ PSORIASIS   ☐ HIV   ☐ ALLERGIES   ☐ DIABETES  
☐ OTHER \_\_\_\_\_

**List any skin conditions:** (e.g. rashes, eczema, infection, psoriasis, freckles, etc.)

**Have you had any previous SMP or hair replacement treatments? If yes, please explain.**

**In the past 6 months have you used Roaccutane / Isotane or Accutane? Y/N**

**List all medications/supplements that you are presently taking or have taken in last 6 months:**

Name of Drug/Supplement	mg	Currently Taking?
_____	_____	Y/N
_____	_____	Y/N
_____	_____	Y/N

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Practitioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Scalp Micro Arts  
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## Circle Desired Procedure(s):

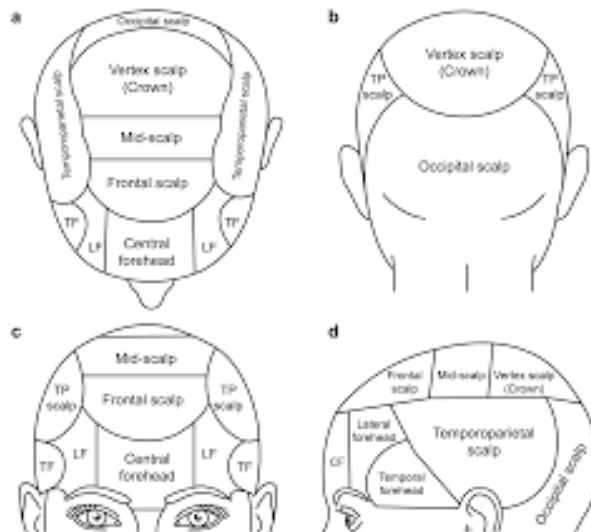
Full Head

Hairline

Specific Areas

Density

Scar Camouflage



Skin type	Skin colour	Characteristics
1	White; very fair; red or blonde hair; blue eyes;	Always burns, never tans
2	White; fair; red or blonde hair; blue, hazel or green	Usually burns, tans with difficulty
3	Cream white; fair with any eye or hair colour	Sometimes mild burn, gradually tans
4	Brown; typical Mediterranean Caucasian skin	Rarely burns, tans with ease
5	Dark brown; Middle Eastern skin types	Very rarely burns, tans very easily
6	Black	Never burns, tans very easily

Client Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Pigment Shades

1st Session \_\_\_\_\_ 2nd Session \_\_\_\_\_ 3rd Session \_\_\_\_\_

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### **Scalp Micro Arts Latex Allergy Policy**

This document outlines the policy regarding latex allergies for clients undergoing permanent makeup procedures at Scalp Micro Arts, located in Wayne, NJ. Latex allergies can pose significant risks to individuals, and it is crucial to take appropriate measures to ensure the safety and well-being of our clients.

**Policy Statement:** At Scalp Micro Arts, we are committed to providing a safe and comfortable environment for all clients. We recognize that some individuals may have latex allergies, and we take proactive steps to minimize the risk of exposure during permanent makeup procedures.

**Client Notification:** Prior to scheduling a permanent makeup procedure, clients will be asked to disclose any known latex allergies. This information will be collected during the initial consultation or through a pre-procedure questionnaire. Clients are encouraged to communicate any relevant medical information to ensure their safety during the procedure.

**Latex-Free Environment:** To minimize the risk of latex exposure, Scalp Micro Arts maintains a latex-free environment in the procedure area. Latex-containing products, such as gloves and other supplies, will not be used during permanent makeup procedures for clients with known latex allergies.

By implementing this latex allergy policy, Scalp Micro Arts aims to provide a safe and inclusive environment for all clients undergoing permanent makeup procedures. We are committed to maintaining the highest standards of safety and care, and we appreciate the cooperation of our clients in disclosing any relevant medical information.

I, \_\_\_\_\_, acknowledge that I have been informed of Scalp Micro Arts' commitment to providing a safe and inclusive environment for all clients undergoing permanent makeup procedures in accordance with applicable health and safety regulations in the state of New Jersey. I understand that this policy outlines the measures taken to effectively manage clients with latex allergies during permanent makeup sessions.

By signing below, I confirm that I have read, understood, and agree to the terms outlined in this informed consent document regarding the management of my latex allergy during permanent makeup procedures at Scalp Micro Arts.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **INFORMED CONSENT FOR SMP PROCEDURE**

\_\_\_\_\_ I absolutely understand and accept that such a procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed. The number of sessions required are determined by Scalp Micro Arts/Taida Sotelo.

\_\_\_\_\_ I have received, reviewed and understand the pre/post-procedural instructions as given to me and agree to follow them. It has been explained to me that the following possibilities may occur: Minor and temporary bleeding, bruising, redness or other discoloration; swelling; and/or fading or loss of pigment.

\_\_\_\_\_ I accept responsibility for determining the shape & position of the SMP, hairline, & pigment color.

\_\_\_\_\_ I understand that positioning of my procedures can be affected if I elect cosmetic surgery, Botox, or Restalyne. I acknowledge that many lasers & IPL's (Intense Pulse Lights) including those used for hair removal, anti-aging, Photo Facials, removal of lines may or will turn permanent makeup dark or even black and I assume this responsibility.

\_\_\_\_\_ I am aware that if I am to receive an MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. I agree to inform my esthetician or anyone operating as such that I have permanent makeup.

\_\_\_\_\_ I understand that this procedure may fade and this fading can alter the original pigment color and that this determines that it is time for a touch-up visit for an additional cost.

\_\_\_\_\_ I realize this is an elective cosmetic procedure and is not medically necessary.

\_\_\_\_\_ I agree to accompany my practitioner to the emergency room in the event they were to be accidentally stuck with my needle and take a blood test for their safety & disclose all test results to my practitioner.

\_\_\_\_\_ I am aware that if an infection occurs after I have received permanent cosmetics to see with my primary physician or an emergency room **immediately**. I give my consent to **Scalp Micro Arts** to confer with my physicians for medical information if required for the safety of my procedures.

\_\_\_\_\_ I understand that Nova Dama is not associated with any Google reviews

\_\_\_\_\_ I understand that this procedure is a permanent change to my skin and body. I understand that this treatment is not a replacement for surgical or medical procedures and that there are no guarantees, implied or otherwise, as to the results or benefits that I may obtain from the treatment. I also understand that optimal results may not be obtained even if all

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procedures are completed and followed correctly. I acknowledge that the studio does not offer refunds.

**ACCEPTANCE:**

*SCALP MICRO ARTS & ARTIST/TAIDA SOTELO MAKES NO CLAIMS OR ATTEMPTS TO PRACTICE MEDICINE. I HAVE READ & UNDERSTAND THESE RISKS LISTED ABOVE & THEY HAVE BEEN EXPLAINED TO ME. I CERTIFY THAT THE INFORMATION I PROVIDED IS ACCURATE & ALL OF MY QUESTIONS HAVE BEEN ANSWERED. SOME INDIVIDUALS WILL HAVE COMPLICATIONS RELATED TO PERMANENT MAKE-UP APPLICATIONS. THESE CONDITIONS ARE USUALLY MILD AND LAST ONLY A FEW DAYS, HOWEVER EXTREME COMPLICATIONS ARE ALWAYS POSSIBLE. I AFFIRM THAT ALL OF THE THE ABOVE INFORMATION IS COMPLETE AND ACCURATE AS TO MY MEDICAL STATUS AND HISTORY. I ACCEPT RESPONSIBILITY FOR ANY COMPLICATIONS OR NEGATIVE RESULTS THAT MAY OCCUR.*

**Signature of Client:** \_\_\_\_\_

**Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Practitioner:** \_\_\_\_\_

**Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photograph and Publicity Consent**

I, \_\_\_\_\_, give my permission to use my likeness, image, and/or appearance as such may be embodied in any pictures, photos, video recordings, digital images, and the like, taken or made on behalf of **Scalp Micro Arts**. I agree that **Scalp Micro Arts** has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the **Scalp Micro Arts** mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release **Scalp Micro Arts** and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release. I give my consent to **Scalp Micro Arts** to use my likeness to promote the company, and/or their activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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## **Before/After Procedure Instructions**

### **Before:**

- Only if directed, shave your head with a buzzer at least 3 days before the procedure, and moisturize it 2-3 times per day.
- 2 days before your procedure, you must not consume anything that will cause you to bleed more (inc. alcohol, caffeine, energy drinks, aspirin, ibuprofen, etc) & keep your scalp protected from the sun.
- 24 hours before surgery get a good night's sleep, hydrate to prepare for the procedure, and exfoliate your scalp.
- On the day of your procedure, wash your scalp with a gentle shampoo, moisturize and do not use any hair products (oils, powders, hairspray, gel, etc).
- Do not shave your head the day of the procedure. It is imperative that we are able to see the hair follicles so that we can blend them.

### **After:**

- Do not expose your head to water, sweat or sun. Avoid activities such as swimming, showering, and exercising.
- 4 days after the procedure, you can wash your head with a mild shampoo.
- While your scalp heals it will itch. Avoid scratching, peeling and picking your scalp, so that it will heal on its own and the ink is not removed.
- You may experience minor flaking during the healing process, and your scalp may be darker than usual.
- Stay out of the sun for at least a month after the procedure. If unavoidable, apply sunscreen and cover your scalp.
- Be sure to keep the area moisturized.
- Do not tan the area or it will fade the pigment.
- After one month return to Scalp Micro Arts for your 2nd session of SMP
- Depending on your skin and lifestyle, the ink should last about five years.

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