

Permanent Cosmetics Client Intake Form

Today's Date: _____

Client's Legal Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about us?: _____

In case of emergency, notify (name/phone number): _____

Name of Service To Be Performed: _____

Confidential history

Are you currently using or taking (circle all that apply):

Accutane/Isotretinoin within the past 12 months

Drugs or alcohol within the past 24 hours

Retin-A/Renova

Cigarettes

Prescription Pain Relievers

Glycolic, Beta or Alpha Hydroxy Acids

Chemical Peels

Steroids or Immunosuppressants

Retinols in skin care

Latisse or lash/brow growth serums

Antibiotics within the past 2 weeks

Indoor/Outdoor Tanning or Sunburn within the past 2 weeks

Hormone Replacement

Blood thinning medications or daily Aspirin use

Any acne medications or Vitamin A derivatives

Contraceptives

Mood altering medications

Contact Lenses

Confidential Health information (circle all that apply):

Anemia

Trichotilomania

Thyroid Disturbances

HIV / AIDS

Liver Disease

Circulatory Problems

Diabetes

High/Low Blood Pressure

Hemophilia/Bleeding disorder

Heart problems

Seizures or Epilepsy

Eczema

Pacemaker

Currently pregnant or Nursing

Psoriasis

Current or Recent Cancer Treatments

Cold Sores/Fever Blisters

Rosacea

Staph/MRSA

Herpes virus

Keloids (raised scars)

Glaucoma

Autoimmune disorders

Claustrophobia

Ocular Herpes

Hypo-pigmentation (lightening of the skin)

Any problems healing

Dry eyes

Hyper-pigmentation (darkening of the skin)

Additional details or other health issues not listed above:

Are you under the care of a Physician or Dermatologist? YES NO

Are you required to take a course of antibiotics for any minor dental or medical procedures? YES NO

Do you have problems getting numb at the dentist? YES NO

List any medications, supplements, vitamins or herbs that you take regularly:

Do you have allergies or sensitivities to... (circle all that apply):

Latex

Fragrances

Products containing "-Caine"

Skin Care or Ointments

Medications

Essential Oils

Nickel or other metals

Petroleum products

List all known allergies and reactions: _____

Have you received Botox/Dysport or fillers such as Juvederm/Restylane treatments in the past 30 days? YES NO

If yes, when? What areas?: _____

Have you received a chemical peel, microdermabrasion, IPL, laser or other facial treatment in the past 30 days? YES NO

If yes, when?: _____

Do you have previous or existing Permanent Makeup? YES NO

If yes, where? _____

Are you requesting that a new procedure be performed over previous or existing Permanent Makeup? YES NO

Have you had any complications with previous tattoos or permanent makeup? YES NO

If yes, what complications?: _____

Have you been advised by your doctor not to undergo any form of tattooing? YES NO

How often are you exposed to the sun, whether during work or at play?: _____

How often do you wear sunblock?: _____

What do you believe best describes your skin type? (circle all that apply): Dry Normal Combination Oily Sensitive

Is there anything else we need to know about you in order to better service your needs?: _____

Thank you for taking the time to complete this client intake form. All of the information above is extremely helpful to provide the best care for you and ensure your safety during the procedure.

Read and initial the below:

I understand that full disclosure of my past and current health history is in my best interest to ensure a safe procedure and that I have honestly disclosed such information. (initial) _____

I understand if I change my skin care routine or medications, or my health condition changes, I must inform the professional PRIOR to any service in the future. (initial) _____

I understand that if I have health or medication contraindications the technician may require a written release from my Physician before proceeding with any procedure. (initial) _____

Today's Date: _____ Client Printed Name: _____

Client Signature: _____

CONSENT TO APPLICATION OF PERMANENT COSMETICS

Today's Date: _____

Client Name: _____

Date of Birth: _____

I, _____ (client name), am over the age of 18, am not under the influence of drugs or alcohol, am sound of mind and capable of making decisions for myself, am not pregnant or nursing, have no health conditions contraindicated to and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.

_____(initial) I have thoroughly read and understand the webpage that I was instructed to read prior to my appointment, I asked any/all questions that I had relating to this document.

_____(initial) I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s), and give my permission for them to be used in future marketing/advertising.

_____(initial) I have been informed of the nature, risks, and possible complications and consequences of permanent cosmetics 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, scarring, inconsistent color, and spreading, fanning, migrating or fading of pigments.

_____(initial) I understand that this procedure may involve pain and discomfort during and after the procedure despite the use of topical anesthetic preparations and swelling, redness or bruising may occur.

_____(initial) I fully understand that this is a tattoo process and therefore not an exact science, but an art, and 100% success or perfection cannot be guaranteed. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

_____(initial) I agree that whether or not I am satisfied with the outcome of the procedure, refunds of any amount are not available.

_____(initial) I acknowledge that that it is not reasonably possible to determine whether or not I might have an allergic reaction to any of the pigments, topical preparations or tools used in the procedure. I agree to accept the risk that such a reaction is possible and release the technician from liability if I develop an allergic reaction.

_____(initial) I understand that the FDA has not has not yet approved tattoo inks, dyes or pigments and that health consequences of using these products are unknown at this time.

_____(initial) I understand that I will have the opportunity to approve the color and position of the permanent cosmetics to be applied, and I accept responsibility for the choice of the color, shape and position of my eyebrows, eyeliners, lip liner, lip extension and/or full lip color fill in. I accept responsibility for explaining my desires to the technician before the procedure.

_____(initial) I understand that human faces are naturally asymmetrical due to bone structure, muscle movement and skin laxity, and although my permanent cosmetics technician will make an effort to correct any asymmetry I have presented, a perfect symmetrical outcome is not implied or guaranteed.

_____(initial) I understand that the actual color of the pigment may be modified slightly due to the tone and color of my skin.

_____(initial) I understand that if I am requesting Hair Stroke or 'Microblading' Eyebrow styles of permanent cosmetics, that crisp, defined pigment is not guaranteed on all skin types. I understand that if I have combination, oily, very oily or aged skin with wrinkling that the individual pigment strokes may heal wider, blurred or even as a solid color. I have been informed of such potential outcome and given other options and agree to proceed.

_____(initial) I understand that correcting or touching up Permanent Cosmetics procedures that were previously performed by other technicians involves additional risks because of the existence of permanent pigments of unknown composition, brand, color, age, shape and other factors over which my technician has no control. I understand that additional appointments after the initial procedure and follow-up appointments may be required, and will be billed at the standard rates. I understand that my technician cannot predict the results in advance and cannot guarantee and has not represented that the results will be as I desire.

_____(initial) I understand that the permanent cosmetics procedure is a process, often requiring at least one touch-up and that my procedure is not considered complete until the first touch-up appointment is completed in 5-7 weeks following the initial procedure.

_____(initial) I understand that if the follow-up touch-up procedure is not completed within the specified time frame, the technician is not held responsible or liable for any complaints of unfinished work. I understand that if my follow-up touch-up procedure is not completed within the specified timeframe, said discounted appointment is forfeit and the procedure will be charged as a standard colorboost.

_____(initial) I understand that the follow-up touch-up procedure is to fill in any small spots of color that did not remain in the skin from the initial procedure and it does not include reshaping (i.e. adding more width or length) of the eyebrows, eyeliner or lip color.

_____(initial) I understand that any additional touch-up beyond the 5-7 week appointment will incur an additional fee. This cannot be predicted in advance, and regardless of the reason or cause, the fee will be billed to cover supplies and operating costs.

_____(initial) I understand that this procedure will fade over time and that this fading can alter the original pigment color and tone and that this determines when it is time for a touch-up. I acknowledge that touch-up procedures will be required every 6 to 24 months to keep my permanent cosmetics pigment vibrant. I understand that if I delay a touch-up appointment and my permanent cosmetics has dramatically faded it may be considered a new procedure and incur associated new procedure fees.

_____(initial) I understand and accept that the permanent cosmetics technician is not to be held responsible for the changes in pigment color due to my biology, lifestyle and behaviors. I acknowledge that sun exposure, chlorine pools, medications, smoking, the natural aging process, my skin's unique biology, and the use of skin care products which cause exfoliation and lightening (Retinols, Vitamin A topicals, AHA/BHAs, glycolic acids, chemical peels, Laser treatments, prescription lightening agents) may prematurely fade or alter the pigment which may require a touch-up procedure.

_____(initial) I understand that if I have any skin treatments, laser skin resurfacing, IPL (Intense Pulsed Light), laser hair removal, plastic surgery, Botox or other cosmetic injections, or any other skin altering procedures, it may result in change to the color and/or the position of my permanent cosmetics. I agree to inform technicians and/or medical professionals about my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable through further permanent cosmetics procedures.

_____(initial) For Eyeliner procedures, I acknowledge that corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after the procedure. I understand that I will be required to keep contact lenses out on the day of the procedure and may need to keep them out for two to three days post healing.

_____(initial) For Lip procedures, if I have ever had cold sores, fever blisters or an outbreak of the herpes virus, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. I understand that if I have a history of such viral outbreaks, permanent cosmetics lip procedures are not to be done without anti-viral prescription medication prescribed by my doctor and it is mandatory that they are taken prior to, during and following the healing of the lip procedure. I understand that I may experience a viral outbreak despite the use of anti-viral medications and my permanent cosmetics technician is not responsible for the subsequent outcome of the permanent cosmetics procedure if such an outbreak occurs.

_____(initial) I have received pre- and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to follow my care instructions may jeopardize my chances for a successful procedure and may result in pigment loss, scarring, infections or discoloration.

_____(initial) I acknowledge that complications are always possible as a result of the permanent cosmetics procedure, particularly in the event that post-procedural care instructions are not followed. I am aware that if an infection occurs, I am to see my physician and inform the permanent cosmetics technician of such an event.

_____(initial) I accept full responsibility for any and all, present and future, medical treatment(s), correction(s), removal(s) and expenses I may incur in the event I need to seek treatment(s) for any known or unknown reason associated with the procedure(s).

_____(initial) I agree to release, forever discharge, and forever hold harmless Jessie Hofstra and Jessie Dillon Beauty and its associates, location, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my Permanent Cosmetic tattoo or the procedures and conduct used to apply my Permanent Cosmetic tattoo, and any and all Permanent Cosmetic tattoos applied by Jessie Hofstra / Jessie Dillon Beauty and its associates, agents and representatives in the future.

_____(initial) I have been given the full opportunity to ask any and all questions which I might have about obtaining permanent cosmetic procedures from my technician and that all of my questions have been answered to my full and total satisfaction.

I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this permanent makeup /cosmetic tattoo work done.

Client's Printed Name

Client's Signature

Date

If you required the assistance of a language interpreter to review this document, please include the interpreter's name and signature below:

Interpreter's Printed Name

Interpreter's Signature

Date