



# Hair. Beauty. Wellbeing. Aesthetics

## Semi Permanent Make-up Consultation Form

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

### **MEDICAL:**

Please list any medications you have been taking over the last 6 months:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received chemotherapy or radiation treatment in the last year?

Drs Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Drs Address:

Have you or have you ever had any of the following? Cross all the following that apply			
Abnormal Heart Condition		Cold Sores (Herpes Simplex)	
Mitral Valve Prolapse		Heart Murmur	
Rheumatic Fever		Pacemaker	
Artificial Heart Valves		Anaemia	
Haemophilia		Prolonged Bleeding	
High Blood Pressure		Low Blood Pressure	
Circulatory Problems		Diabetes	
Epilepsy		Fainting Spells or Dizziness	
Thyroid Disturbances		Liver Disease	
Kidney Disease		Glaucoma	
Stomach Ulcers		Tumours, Growths or Cysts	
Cancer		Tuberculosis	
Stroke		HIV	
Prosthetic Hip or Joint		Palpitations	
Hepatitis		Pregnant or Nursing	
Cataracts		Blurred Vision	
Dry Eyes		Eye Infection at present	
Alopecia		Recent Hair Loss	
Watery Eyes		Contact Lenses	
Eyelid Surgery		Chapped Lips	
Trichitillomania		Other Tattoos	
Gore-Tex Implants/Silicone Injections		Bruise or Bleed Easily	
Fat Transfer Injections		Use of Sun Bed	
Botox Injections		Chemical or laser peel within 6 months	
Collagen Injections		Retin A within 6 months	
Hypertrophic Scars		AHA preparations within last 2 weeks	
Scar Easily		Sensitivity to cosmetics	
Healing Problems		Date of last eyelash/eyebrow tint:	
Keloid Scars			
Acutance within 6 months			
Cortisone within 6 months			

Do you have or have you ever had an allergic reaction to any of the following?

- Lanolin     Latex Rubber     Vaseline     Medication     Metals  
 Hair Dyes     Foods     Lidocaine     Paints     Crayons  
 Glycerine     Anaesthetics/Adrenaline (which ones) \_\_\_\_\_

Please list any other allergies: \_\_\_\_\_

I confirm that the above information is correct:

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



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## General Consent and Procedure Permit

Clients Name:

Who do you know who has permanent cosmetics?

\_\_\_\_\_

How long have you been thinking about having permanent cosmetics?

\_\_\_\_\_

When do you want the procedure done?

\_\_\_\_\_

Why do you want the procedure?

\_\_\_\_\_

Please read these statements carefully:

- Permanent cosmetics are a form of tattooing.
- Re touch procedures may be required.
- A healing period of 4-6 weeks is required before a re-touch procedure can be performed.
- On rare occasions the pigment may migrate under the skin.
- Application of permanent cosmetics may be uncomfortable.
- The pigments will fade.
- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.
- There may be immediate or delayed allergic reaction to pigments. However, allergic reactions are extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Allergic reactions to anaesthetics can occur.
- Permanent cosmetics cannot be applied to pregnant or nursing mothers.
- Permanent cosmetics cannot be applied to any person under the age of eighteen.
- Infections can occur if aftercare instructions are not followed correctly.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- It is recommended that clients receiving treatment for eyeliner should have someone drive them home.
- Corneal abrasion may occur during eyeliner procedures. However this is extremely rare.
- Clients receiving lip procedures who have had previous problems with cold sores/herpes may have an outbreak following the procedure. Anti herpes medication is available over the counter or on prescription and has been shown to minimise such outbreaks.

- Lip procedures may appear dry and flaky for up to one week following the procedure.
- Camouflage treatments are experimental in nature.
- Camouflage procedures require skin colour matching tests before the procedure.
- If you have an MRI scan within 3 months of your cosmetic procedure we recommend that you discuss this with your Doctor.
- Possible scarring, inconsistency of colour and loss of eyelashes may occur.

Please sign below to state that you have read and understand the information associated with the risks of Permanent cosmetics above:

Clients Signature \_\_\_\_\_ Date: \_\_\_\_\_

1. I (your name) \_\_\_\_\_ hereby authorise (technicians name) \_\_\_\_\_ of Q.L (salon) to perform upon myself the following procedure(s) \_\_\_\_\_  
If any unforeseen condition arises in the course of this procedure(s), calling in his/her judgement in addition to, or different from those now contemplated, I further request and authorise him/her to do whatever he/she seems advisable and necessary in the circumstances.
2. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation.
3. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.
4. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Even though the colour has faded the pigment will stay in the skin indefinitely.
5. I have been informed that the highest standards of hygiene are met and that sterile disposable needles and pigment containers are used for each individual client, procedure and visit.
6. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed during the first procedure. I understand that this is why I will need to return for a retouch procedure.
7. I understand that a retouch can be done within 1-3 months after the initial procedure. I understand it is my responsibility to book the appointment.
8. The result of the procedure is determined by the following:
  - Medication
  - Skin Characteristics – (dry, oily, sun-damaged and thickness)
  - Natural skin undertones – (blending with chosen pigment)
  - Personal pH balance of the skin, which changes from visit to visit.
  - Alcohol intake and smoking.
  - Post procedure care.
9. Upon completion of the procedure there may be some swelling and redness of the skin, which will subside within 1-4 days. In some cases bruising may occur. You may resume normal activities immediately following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun to the affected area should be limited if not avoided. See specific post-procedure instructions for details. You can however, be assured the

procedure, even after only one treatment, looks acceptable so that you should feel comfortable appearing in public without additional makeup on the affected area.

10. I have been advised that the true colour will be seen within 4-8 weeks after each procedure, and that the pigment may vary in colour according to skin tones, skin type, age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to an exact effect or colour can be given.
11. I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.
12. To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am over 18 years of age. I am not pregnant. I am not under the influence of drugs or alcohol.
13. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I confirm that I have received copies of all the relevant aftercare instructions.

Clients Initials \_\_\_\_\_

14. Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility that might stem from my decision to have any permanent cosmetics procedure performed by the previously named technician at Advanced Aesthetics.
15. For the purpose of documentation I also consent to the taking of 'before' and 'after' photographs of said procedure(s) for record purposes and for use in presentation portfolios. I certify that I have read and have had explained to me and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and or other complications which may arise or result during or following the permanent cosmetic/tattoo procedures which is to be performed at my request according to this consent and procedure permit.

I have read and understood the above information.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_