

## CLIENT CONTACT INFORMATION

Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

DL#/ID# \_\_\_\_\_ Birthdate \_\_\_\_\_ Referral Source: \_\_\_\_\_

Please circle "yes" or "no" if you have ever experienced ...

Epilepsy	Yes	No	Latex Allergy	Yes	No	Nickel Allergy	Yes	No
Hemophilia	Yes	No	Facial Skin Cancer	Yes	No	Pregnant, Nursing or trying (IVF) to get pregnant?		
Heart Condition	Yes	No	Alopecia	Yes	No	Do you take Aspirin, or Omegas	Yes	No
Eye Disease	Yes	No	Lidocaine, Tetracaine, Epinephrine Allergy					
Glaucoma	Yes	No		Yes	No			
Keloid Formation	Yes	No	Cold Sores	Yes	No	Are you wearing contacts?	Yes	No

## LIFESTYLE ANALYSIS

How often are you in the sun, natural or artificial UV light? \_\_\_\_\_ hrs \_\_\_\_\_ min per day / week

Do you wear sunscreen on your face? Y N Do you wear sunscreen on your lips? Y N

List face creams, lotions, serums? \_\_\_\_\_

Have you used Retin-A in the procedure area within 3 months? Y N

Have you used Acutane in last year? Y N

For eyebrow procedures: Are you planning on changing your haircolor by 2 or more shades in the future? Y N

Have you had plastic surgery, fillers, Botox in the procedure area within last 6 months? Y N ...in next 6 months? Y N

Do you have any concerns? any other pertinent medical history not mentioned above? \_\_\_\_\_

## Consent and Release Agreement

The nature and method of the proposed Permanent Makeup(PMU) (tattoo) procedure has the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fading or loss of pigment can may occur depending on your skin and lifestyle. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

Procedure Requested: (Circle) Eyebrows Eyeliner Lip Color Lip Liner Lashes

Please read the fact and matters set below, and agree as follows:

I REQUEST a patch test (requires rescheduling) \_\_\_\_\_(initial) I declined patch test \_\_\_\_\_(initial)

I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. \_\_\_\_\_(initial)

I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed \_\_\_\_\_(initial)

All subsequent procedures are an additional fee. \_\_\_\_\_(initial) \$50 follow-up; \$120 Maintenance; Prices are subject to change.

I realize that my body is unique and the practitioner cannot predict how my skin may react as a result of the procedure. \_\_\_\_\_(initial)

Red heads, blondes &amp; fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not retain at all. Future appointments will be at the discretion of the technician. \_\_\_\_\_(initial)

Results **WILL** appear softer as the treated area heals. The area/s treated **WILL NOT** look as DEFINED or as BOLD as the 1<sup>st</sup> procedure. The healing process can take 3-30 days. Everyone heals differently. \_\_\_\_\_(initial)

Most procedures require 2 appointments &amp; color boosts every 2 yrs to keep the color fresh. \_\_\_\_\_(initial)

I acknowledge & understand that if I have **oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the over-production of oil glands. The pigment WILL fade quicker, look blurred or more solid. I accept these risks and would like to proceed.**(Addendum required)** \_\_\_\_\_(initial)Frequent tanning and sun exposure WILL heal darker & fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. **(Addendum required)** \_\_\_\_\_(initial)

If you are in Menopause and suffer from hot flashes or your core temp runs hot, your pigment will/may fade, blur or not retain. \_\_\_\_\_(initial)

Frequent exercising WILL cause the pigments to fade, blur or not retain at all. (Addendum required) \_\_\_\_\_(initial)

The younger you start to have PMU done, the younger you will be when it can no longer be performed due to scar tissue. \_\_\_\_\_(initial)

(continued)

If you have had tattoo removal prior to seeing Veronica, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS and accept full responsibility and wish to proceed. \_\_\_\_\_(initial)

I acknowledge & understand that pigment implanted on darker skin types ( i.e. Indian, African American, Filipino etc.) the pigment will appear softer and blend more with your own skins melanin (tones) and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. \_\_\_\_\_(initial)

Alopecia clients- Due to the change in skin texture, pigments may heal powdered. \_\_\_\_\_(initial)

I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further permanent make-up procedures. \_\_\_\_\_(initial)

Thyroid Conditions & Medicines, may prevent the pigment from retaining, fade quickly, blur or change in color. I accept these potential risks & wish to proceed. **(Addendum required)**. \_\_\_\_\_(initial)

I accept full responsibility for approving the color, shape and position of the brows that will be applied. Once the shape is approved and the pigment is implanted in the skin, you will not be able to change it. \_\_\_\_\_(initial)

I understand the actual color of the pigment may vary slightly due to the tone and color of my skin. \_\_\_\_\_(initial)

**If you choose to go with a darker color for your brows at your initial appt. and later decide that you want to go lighter (lighten hair) it will not be possible to lighten the color.** \_\_\_\_\_(initial)

**When you leave our office, the shading and/or hair strokes are intact. How your body heals the treated area is 100% out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention may happen depending on your skin type & lifestyle. This is NOT the fault of the technician.** \_\_\_\_\_(initial)

I acknowledge that the procedure will result in a permanent change to my appearance and ACKNOWLEDGE THAT **NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.** \_\_\_\_\_(initial)

Permanent Makeup is an ART, NOT a science. Client's results will vary from person to person and using a pencil or powder may be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue. \_\_\_\_\_(initial)

I understand that at a certain point as the skin ages, PMU may no longer be performed. \_\_\_\_\_(initial)

I understand that if any other technician applies permanent makeup over an area that was originally done by Veronica, she may not perform future treatments. \_\_\_\_\_(initial)

In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure. \_\_\_\_\_(initial)

Touch ups will not be done any sooner than 4 weeks. \_\_\_\_\_(initial)

I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone, and I consent to the application of the procedure and accept the risks \_\_\_\_\_(initial)

Absolutely NO Refunds after services have been performed. \_\_\_\_\_(initial)

Pictures may be taken and used for advertising purposes. Accept or Decline. Circle One.

I have received a copy of the After Care Instructions. \_\_\_\_\_(initial) and after care is crucial for optimum pigment retention and results; I understand that if I do not abide by the strict after care, I WILL ruin my results. . \_\_\_\_\_(initial)

I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Veronica Morris. I also acknowledge that all of my questions have been answered to my full and total satisfaction. \_\_\_\_\_(initial)

**VERONICA M MORRIS, RISE AND SHINE, CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF SHE FEELS POLICIES OR PROCEDURES ARE NOT FOLLOWED** \_\_\_\_\_(initial)

**I have read and fully understand the contents of each bullet point above. I acknowledge this is a legal & binding contract and that I have received no warranties or guarantees with respect to the benefits to be realized from or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself. I certify that I am over the age of 18, and I have read and fully understand this Consent and Release Agreement.**

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

Veronica Morris, CPCP Date: \_\_\_\_\_