

CLIENT INFO & MEDICAL HEALTH FORM

CLIENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY/ZIP: _____

PHONE: _____

EMAIL: _____

Referred By: _____

Occupation: _____

DO ANY OF THE FOLLOWING CONDITIONS / SITUATIONS PERTAIN TO YOU?

YES NO

Allergic to latex, metals, hair dye, lidocaine, paints, crayons, glycerin, cosmetics? Any other known allergies? If yes, please list on back of form

At the dentist, do you anesthetize/numb easily?

Have you received chemotherapy treatment within the past 6 months? If yes, please enter date of final treatment:

Are you pregnant or nursing?

Do you have any of the following: Auto-immune disorder Thyroid disorder Hepatitis A, B or C HIV AIDS Other:

Do you have a heart condition? If yes, is it being treated/monitored?

Do you have glaucoma or other eye disease, disorder or eye trauma, or suffer from frequent eye infections?

Do you wear contact lenses? If yes, please do not wear them on day of PMU eyeliner procedure

Do you have diabetes? If yes, is it being treated and monitored by your physician?

Do you have epilepsy, anemia, hemophilia or other blood/bleeding disorders?

Are you on any blood thinning medication? (including daily aspirin)

Do you bruise, swell or bleed very easily?

Do you drink alcohol or caffeine? If yes, have you consumed more than 8oz of alcohol or caffeine within the past 24 hours? Y / N

Do you have a history of herpes infection (cold sores/fever blisters)?

Do you suffer from a medical skin condition such as Keloids or hypertrophic scarring, psoriasis, or any current open wounds or lesions?

Are you currently on Accutane, or have you taken it within the last year?

Do you use Retin-A, Glycolic Acid, Vitamin C or other exfoliants? If yes, please list:

Have you had a chemical peel? If yes, list date of last treatment:

Do you tint your eyebrows and/or eyelashes, or currently use eyelash enhancing products? (*such as LaTisse*) Please circle any and all that apply

Are you currently on steroids or anti-inflammatory medications? If yes, please list:

Have you had Botox injections? If yes, list area of face and most recent date of injections:

Do you have collagen, Restalyne, Juvederm or fat transfers injected into your lips?

Do you have tattoos? If yes, did you heal normally after the procedure? Y / N If no, please describe on back of form.

Do you spend a lot of time in the sun and/or a chlorinated pool? (If yes, please circle one or both)

Do you use sunscreen regularly?

Are you planning any cosmetic surgery in the near future? If yes, please list what and approximately when you intend to do so on back of form.

Have you had or plan to have laser treatments? If yes, what type and when?

Are you currently under a physician's care for any condition? If yes, please describe on back of form.

Primary Physician's Name: _____

Phone: _____

Please list any medications you have taken within the past 6 months:

Is there anything else we should know about your health or healing that could complicate this procedure? If yes, please list on back of form.:

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED WITHIN THIS DOCUMENT HAVE BEEN READ, UNDERSTOOD, AND ANSWERED ACCURATELY, AND ARE TRUE TO THE BEST OF MY KNOWLEDGE

CLIENT SIGNATURE: _____

DATE: _____

TECHNICIAN SIGNATURE: _____ DATE _____

CLIENT CONSENT & PERMIT FORM FOR PERMANENT / SEMI-PERMANENT COSMETICS

Licensed/Certified PMU Technician Andrea O'Donnell, Certified SMP Technician Lucas O'Donnell

2nd Skin Studio, 9795 Village Place Blvd, Sola Salon Studio #15, Brighton MI 48116 (248)345-2500

****PLEASE READ THIS FORM IN IT'S ENTIRETY, SIGN IT, AND BRING WITH YOU TO YOUR APPOINTMENT****

- I understand that I will have permanent and/or semi-permanent cosmetic (referred to hereafter as PMU/SPMU) tattooing applied using appropriate instruments and sterilizing techniques, that the highest standards of hygiene are met before, during and after the procedure, and that sterile and/or disposable tools and pigment containers are used for each individual client, procedure and visit.
- If any unforeseen condition arises in the course of the PMU/SPMU procedure, I authorize my technician, Andrea O'Donnell or Lucas O'Donnell to use their professional judgment in deciding upon what action he/she feels is necessary in the given circumstances, and I give my consent with my physicians for medical information required/related to the safety of my PMU/SPMU procedures.
- I accept responsibility for my involvement in determining and agreeing to the final color, shape and position of the PMU/SPMU procedure as agreed upon during the pre-procedure consultation, and my full acceptance of the finished result at the end of the procedure appointment.
- I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment or the anesthesia.
- I fully understand and accept that non-toxic pigments are used during the procedure and that the results will fade over time. Color results and longevity can **not** be guaranteed, and even once the color fades, some trace pigment may stay in the skin indefinitely. I have been advised that periodic touch-ups are encouraged to maintain the integrity of the color. No representations have been made to me as to the ability to later restore the skin involved in my PMU/SPMU procedure to its original condition, and I am aware that it can be costly and painful to remove.
- I have been advised that the true healed color will be visible 1 full month after each procedure, and that the pigment may vary according to skin tones, skin type, ethnicity, age, lifestyle, post-procedure care, and general skin condition. I understand that some skin types accept pigment more readily, and no guarantee on exact color results can be given. **I understand and accept that each procedure is a process that may require multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed from the first procedure, and that I may have to return for a repeated procedure to achieve my desired results.**
- The results of any PMU/SPMU procedure is determined by the following factors: medication, skin types/characteristics (dry, oily, sun damaged, thick, thin) Ethnicity, Personal PH Balance, Alcohol intake, smoking, medical conditions (known and unknown), hormonal fluctuations, and post-procedure after care. **It is not an exact science, and results can not be guaranteed.**
- Upon completion of the procedure there may be some swelling and redness of the skin, which will subside in 1-4 days. In rare cases bruising may occur. I may resume normal activities following the procedure, however, using cosmetics, excessive perspiration, and sun exposure should be limited until the skin has fully healed. I know to refer to the after care card for more details.
- I understand that thorough aftercare instruction will be provided to me, and I agree to follow those instructions thoroughly.
- I acknowledge that my skin is vulnerable to infection directly after a PMU/SPMU application, and I am to contact my primary physician if signs of infection are present.
- I understand that positioning of my PMU/SPMU procedure(s) can be affected if I elect to have cosmetic surgery, Botox, Restalyne, Juvederm, or other cosmetic or surgical procedures.
- I am aware that if I am to have an MRI after the procedure, I must tell the radiologist that I have had a permanent cosmetic procedure, and the pigment used may have contained iron oxide.
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- If I am a contact lens wearer, I realize that I must keep my lenses out on the day of a PMU **eyeliner** procedure, and I am advised to refrain from wearing them for at least 7 days after the procedure to avoid pigment loss due to contact with saline, or infection caused by harmful bacteria on lenses or fingertips.
- I am aware that PMU/SPMU **lip procedures** may aggravate or trigger cold sores in those susceptible to them, and if I have ever had a cold sore in my life, I have been advised as of this moment that I should begin taking the appropriate medication a couple days in advance, or as soon as possible after a lip pigmentation procedure in order to avoid a cold sore breakout.
- I understand that laser procedures and Intense Pulse Lights (IPLs) may turn permanent lip color dark, or even black.
- I agree to accompany my technician to the emergency room in the event that she is accidentally stuck with my needle, take a blood test for their safety, and disclose all test results to my technician.
- If I have had permanent cosmetics performed previously by another technician, I will not hold Andrea O'Donnell, Lucas O'Donnell, or 2nd Skin Studio responsible for any undesirable or unexpected results, pigment loss or discoloration, allergic reactions, or any other contraindications following this or any future procedures I undergo.
- 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 PMU/SPMU procedure performed at this time.
- I am aware that permanent cosmetic inks, dyes, and pigments have not been approved by the United States Federal Food and Drug Administration, and that the immediate and/or long-term health consequences of using these products is unknown.

