

## CLIENT INFO & MEDICAL HEALTH FORM

**CLIENT NAME:**

**DATE OF BIRTH:**

**ADDRESS:**

**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 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 you 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? What type? 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 below:**

**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 AND BRING WITH YOU TO YOUR APPOINTMENT\*\***

- I understand that I will have permanent and/or semi-permanent cosmetic (referred to on this form as PMU/SPMU) makeup 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, to use her professional judgment in deciding upon what action 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 the responsibility for determining and agreeing to the color, shape and position of the PMU/SPMU procedure as agreed upon during the consultation.
- 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 annual 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 it's original condition, and I am aware that it can be costly to remove.
- I have been advised that the true healed color will be visible 1 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) 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 some 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 agree to follow all pre and post procedure instructions provided and explained to my by the technician. I can confirm that I received a copy of the after care instructions.
- 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 iron oxide permanent cosmetics. If I am a contact lens wearer, I realize that I must keep my lenses out on the day of a PMU eyeliner procedure.

- 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 responsible for any undesirable or unexpected results, allergic reactions, or any other contraindications following this or any future procedures performed by Andrea O'Donnell.
- To my knowledge I do not have and 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.
- I consent to the taking of before and after photos for the purpose of record keeping & documentation required by the technician's insurance company, as well as for educational and advertising purposes. I am 18 years of age or older, not pregnant or nursing, do not have Hepatitis, HIV/AIDS, and am not under the influence of any drug or alcohol at this time.
- All medications and medical conditions have been noted accurately and to the best of my knowledge on my medical health form.

**Being of sound mind and body, I hereby certify that I have read the above consent and procedure permit form in it's entirety, in which the items and explanations therein referred to were made very clear and understandable. I accept full responsibility fro an complications which may arise or result from, during or following the PMU/SPMU procedure that I am about to undergo, and any future procedures I elect to receive. I release and discharge the technician Andrea C. O'Donnell and 2nd Skin Studio from any and all claims of negligence, damages, or legal actions arising from of connected in any way with my PMU/SPMU procedure. The PMU/SPMU procedure is being performed at my request according to this consent form.**

**I HEREBY AUTHORIZE TECHNICIAN ANDREA C. O'DONNELL TO PERFORM PERMANENT AND/OR SEMI-PERMANENT COSMETICS PROCEDURES ON ME AT THE LOCATION LISTED BELOW, ON THIS DATE AND ANY OTHER DATES ALSO LISTED AND INITIALED BY ME BELOW.**

**CLIENT PRINT FULL NAME:** \_\_\_\_\_

**CLIENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TECHNICIAN: ANDREA C. O'DONNELL 2<sup>nd</sup> Skin Studio, 9795 Village Place Blvd, Sola Studio #15, Brighton MI 48116 (248)345-2500**

**TECHNICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please bring these forms with you to your first appointment!*

**THANK YOU!**