



## CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR PERMANENT MAKEUP

Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Desired Area of Treatment? \_\_\_\_\_ What would you like to improve on the area?  
(Consider shape/color/density/thickness) \_\_\_\_\_

List any medications you have been taking in the past 6 months \_\_\_\_\_

Are you currently under the care of a physician? If yes, please explain \_\_\_\_\_

Physicians name \_\_\_\_\_

Do you take any blood thinners? ☐ Yes ☐ No Do you bleed easily? ☐ Yes ☐ No Are you Pregnant or Nursing? ☐ Yes ☐ No

Do you have an auto-immune disease? ☐ Yes ☐ No Have you received chemotherapy or radiation in the past year? ☐ Yes ☐ No

Do you take antibiotics when going to the dentist? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Are you using or have you used a LASH SERUM? ☐ Yes ☐ No If yes, which brand \_\_\_\_\_

Have you ever had an allergic reaction or sensitivities to any of the following? (Check all that apply)

☐ Latex ☐ Lanolin ☐ Vaseline ☐ Metals ☐ Lidocaine ☐ Paints ☐ Crayons ☐ Glycerin ☐ Hair Dyes ☐ Soap ☐ Disinfectants

Are you allergic to any Medication? (Please list) \_\_\_\_\_

Have you ever had a cold sore? ☐ Yes ☐ No (If yes and doing lip procedure, contact your physician for a prescription to prevent)

Have you ever had one of the following? (Check all that apply)

☐ Sensitivity to cosmetics ☐ Anemia ☐ Prolonged Bleeding ☐ Healing problems ☐ Diabetes ☐ Hemophilia ☐ HIV ☐ Alopecia

☐ Trichotillomania ☐ Epilepsy ☐ Artificial Heart Valve ☐ Low Blood Pressure ☐ Cancer ☐ Hair loss ☐ High Blood Pressure

☐ Hypertrophic scars ☐ Liver Disease ☐ Fainting spell/dizziness ☐ Narcolepsy ☐ Thyroid disturbances ☐ Botox/Fillers ☐ Keloid scars

☐ Circulatory problems ☐ Skin diseases or lesions (psoriasis, eczema, etc.) ☐ Tumors, growths, cysts in treatment area

☐ Chemical/laser peel in last 6 weeks ☐ AHA's in last 2 weeks ☐ Retinols in last 2 weeks

☐ Do you scar easily? ☐ Do you bruise easily? ☐ Have you had Alcohol in the last 24 hours? ☐ Yes ☐ No If yes, how much? \_\_\_\_\_

☐ Have you taken any Anti-Inflammatory (Ibuprofen/Advil/Aspirin) in the last 24 hours? ☐ Yes ☐ No

**Please read the following statements carefully.** Permanent Makeup is a method of cosmetic tattooing and touch-up procedures are likely required. On a rare occasion, the pigment may migrate under the skin. The pigments will fade over time. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. Allergic reactions to the anesthetic used can occur. There may be swelling and redness following the procedure and you may experience minor bleeding. Please note that any tattoo is considered permanent; it may be removed by laser or a surgical procedure and removal may leave scarring. Permanent cosmetics cannot be applied if you are pregnant or nursing OR under the age of 18. Infections can occur if aftercare instructions are not followed correctly. If you have an MRI scan within 3 months after the Permanent Makeup procedure, notify your doctor. The technician will not perform a procedure if the client fails to complete or sign this form and the technician may decline to perform the procedure if the client has identified any of the health conditions listed above.

**I have received before precautions and aftercare information and I'm fully aware of the risks and aftercare instructions. I fully understand the information provided above & confirm that all info provided by me is correct and truthful.**

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technicians Name Susan Grothe Technicians Signature \_\_\_\_\_ Date \_\_\_\_\_



## PERMANENT MAKEUP PRE-PROCEDURE ADVICE

**Please read the following advice carefully and sign at the end.**

A Permanent Makeup cosmetic procedure normally requires multiple treatment sessions. For best results, clients will be required to return for typically one touch-up appointment. This will take place between 4-6 weeks after the initial procedure. Those with very oily skin may require an additional touch-up. Please be aware that color intensity will be significantly darker and sharper immediately following the initial procedure and will fade by 30-50%. Although numbing cream/agents are used during the procedure, some sensitivity/discomfort may still be felt by sensitive clients. Delicate or sensitive skin may be red and/or swollen after the procedure.

### **Precautions should be taken BEFORE your Permanent Makeup procedure:**

- Do not take pain medications (Aspirin, Advil, Ibuprofen) or some supplements (Fish oil, Curcumin, Niacin, Vitamin E) a week before the procedure to prevent excess bleeding. Note: non-aspirin pain relievers may be taken up to one hour before the procedure
- Avoid alcohol or caffeine 24 hours before the procedure to prevent bleeding, minimize oozing and swelling
- Hair removal: laser hair removal should not be done 5 days before or after the procedure; tweezing/waxing can be done (at least 48 hours before the procedure)—however, it is not recommended, as it is better to see normal brow hair growth.
- If there are any infections, blemishes, pimples, active cold sores, irritation of the skin of any kind in the treatment area, the procedure will not be able to be performed until you are fully healed
- Botox and Fillers should be done 2 weeks AFTER your procedure or 3 weeks BEFORE to avoid alteration of shape/design
- AHA and Retinoids should be avoided no less than 1 week, preferably 2 weeks, before the procedure. Avoid for 30 days prior if used on/in the immediate treatment area.
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to the procedure
- Chemical peels should be avoided 2 weeks prior to the procedure; wait until fully healed (4 weeks) to have a chemical peel.
- Laser treatments should be avoided 6 weeks prior to the procedure; wait until fully healed (4 weeks) to have a laser treatment.
- You must be off Accutane for at least one year prior to any Permanent Makeup
- A patch test can be performed if desired and you have highly sensitive skin—discuss prior to the procedure
- Procedures cannot be performed over fresh sunburns, including those caused by tanning beds ---your skin must be healed prior to the procedure
- Do not work out (excessive sweating) the day of the procedure as the body heat expands your pores (you will want to hold off from hard workouts for about 3-4 days right after the procedure for the same reason). A less aggressive workout that does not cause a lot of sweating can be done, except for swimming OR other water sports.
- Getting a procedure done while during your menstrual cycle can make you hyper-sensitive at the procedure site—may be more painful
- If you have an anti-inflammatory condition (thyroid, diabetes) or very oily skin, your results may not have optimal retention – meaning you and may require touch-ups more often or an additional procedure to achieve desired results.

### **TOPICAL ANESTHETIC ADVICE**

- **Procedure** – For PMU procedures, a numbing cream/gel/liquid is used. The products are formulated to be perfectly safe and can be purchased over the counter from a pharmacy/chemist. The anesthetic is placed over the treatment area (length depending upon procedure) and then carefully removed prior to treatment. As a result of treatment, combined with the use of an anesthetic, you can expect to experience some redness/swelling that can last 1-4 days. On rare occasions, a reaction to the numbing agent can occur. You should always follow your post-procedure aftercare advice for the best results.
- **An allergic reaction** can occur to any anesthetics used during the procedure but is not common. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show as extreme redness, swelling, rash, blistering, dryness, pain/tenderness or any other symptom associated with an allergic reaction.
- **Numbness** --we cannot accept responsibility if the area to be treated does not respond to the numbing agents. Everyone is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.

**I have read and fully understand the above information provided and any risks involved with the use of topical anesthetic. I, therefore, consent to the use of the anesthetic for the Permanent Makeup procedure. I agree to follow the pre-and post-procedure advice closely.**

Client Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Technicians Name Susan Grothe Technicians Signature \_\_\_\_\_ Date \_\_\_\_\_



## LASTING IMPRESSION INFORMED CONSENT FOR PERMANENT MAKEUP

I, \_\_\_\_\_, am over the age of 18, not under the influence of drugs or alcohol, not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation process. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me. Permanent Makeup requires 2 visits (in some cases more may be required). **All scheduled appointments require 48 hours notice for cancellation or rescheduling or an additional charge will be incurred.**

If an unforeseen condition arises during the procedure, I authorize my technician to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the (brow/liner/lip) procedure as agreed during the consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade for a period of 1-3 years. Even though the color fades, the pigment itself may stay in the skin indefinitely

- **I accept full responsibility for the shape and color of each/all procedure that I will be having done as agreed with my technician prior to performing the service-- whether they are too thick, too thin, too dark or too light**
- I understand that if I have ever had a cold sore or fever blisters on the lips that I may break out with fever blisters on the lips following a lip procedure. If I am prone to cold sores, then I should obtain a prescription for anti-viral medication and take it as prescribed by my doctor
- **If I am to have eyeliner done, I should not wear any contact lenses during the procedure**
- I have been advised by the technician (named below) to consider not driving anywhere for 8 hours after the eyeliner procedure-and potentially consider a driver if I am having an eyeliner procedure
- I have been informed that the highest standards of hygiene are met, and that sterile, disposable needles and pigment containers are used for each client, procedure and visit. Full disinfection of the treatment area is done between ALL clients.
- I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a follow-up procedure
- The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), personal pH balance of the skin, alcohol intake and smoking, post-procedure aftercare
- Upon completion of the procedure, there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, **using cosmetics, excessive perspiration, exposure to water, exposure to the sun should be LIMITED until the skin has fully healed. Please see the aftercare instructions for more details.**
- **I have been advised that the true color will be seen 1 month (4 weeks) after each procedure and that the pigment may vary according to skin tones, skin type, age and skin condition.** I understand that some skin types accept pigment more readily and no guarantee on achieving an exact color can be given
- 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 agree to follow ALL pre-procedure and post-procedure instructions as provided** and explained to me by my technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of the aftercare details post-procedure
- **There is a possibility of an allergic reaction to numbing agents and/or pigments.** A patch test does not ensure a client will not have an allergic reaction. This is NOT common. If you have any allergy concerns, please discuss PRIOR to your treatment.
- I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my semi-permanent makeup procedure. I acknowledge some of these potential adverse changes may not be correctable  
\_\_\_\_\_(initial)
- **I have been informed of the nature, risks, and possible complications and consequences of semi-permanent skin pigmentation. I understand the 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 or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. I have requested the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure** \_\_\_\_\_(initial)

I certify that I have read and initialed the above paragraphs and have had any points explained to my understanding. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done. I, \_\_\_\_\_, give SUSAN GROTHE (technician) permission to perform my semi-permanent makeup procedure.

Client Signature \_\_\_\_\_ Client DOB \_\_\_\_\_ Date \_\_\_\_\_

Technicians Name Susan Grothe Technicians Signature \_\_\_\_\_ Date \_\_\_\_\_



## STANDARD TATTOO RELEASE FORM

I am at least 18 years old. I don't have a heart condition. I don't have epilepsy. I haven't had hepatitis within the last year. I am not a hemophiliac (bleeder). I am not under the influence of drugs or alcohol.

To my knowledge, I don't have any physical, mental, or medical impairment/disability which might affect my well-being as a direct or indirect result of my decision to have any semi-permanent tattoo-related work done at this time.

I agree to follow all instructions concerning the care of my tattoo while it is healing. I agree that any touch-up work needed, due to my own negligence, will be done at my own expense. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.

Being of sound mind and body, I hereby release all persons representing **LASTING IMPRESSION** from all responsibility. I accept all responsibility for any consequences that might stem from my decision to have any tattoo-related work done by **LASTING IMPRESSION**. I agree to not sue in connection with any damages, claims, demands, rights, and causes of action of whatever kind of nature, based upon injuries or property damage to or death of myself or other persons arising from my decision to have tattoo-related work done at this time—whether or not caused by any negligence of **LASTING IMPRESSION**. I agree for myself, my heirs, assigns and legal representatives to hold harmless from all damages, actions, causes of actions, claim judgments, costs of litigation, attorney's fees and all other costs and expenses which might arise from my decision to have any tattoo-related work done by **LASTING IMPRESSION**. I agree to pay for any damages and injuries to any persons and property belonging to **LASTING IMPRESSION**, or any other person to whom **LASTING IMPRESSION** may become liable contractually or by operation of law, caused by, or resulting from my decision to have any tattoo-related work done by **LASTING IMPRESSION**. I agree to leave the premises of **LASTING IMPRESSION**, or any other establishment where **LASTING IMPRESSION** engages in business, promptly upon request, for any reason whatsoever, by any agent or employee of **LASTING IMPRESSION**. I agree that these waivers also pertain to and are designed to protect all establishments where **LASTING IMPRESSION** conducts business. I represent and warrant to **LASTING IMPRESSION** that the following information is true and correct:

Client Name \_\_\_\_\_ Client Age \_\_\_\_\_ Date \_\_\_\_\_

Client Address \_\_\_\_\_ Client Phone \_\_\_\_\_

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

Permanent Makeup service \_\_\_\_\_

Location \_\_\_\_\_



## PERMANENT MAKEUP CLIENT PHOTO RELEASE AGREEMENT

Client Name \_\_\_\_\_

I hereby consent to and authorize the use by LASTING IMPRESSION of the specified permanent makeup photographs and/or video; that is, photographs taken before, during and after my permanent makeup procedure.

I understand that my identity will be protected and my full name will not be used in conjunction with the photographs and/or video. I will agree and consent to any full-face photographs or videos taken during the procedure unless specifically requested.

LASTING IMPRESSION has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that LASTING IMPRESSION requests to be used and it is understood that these photos may be used on the LASTING IMPRESSION website, social media accounts (Facebook, Instagram, Twitter) and in in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos and/or videos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify LASTING IMPRESSION in writing and allow 30 days to accomplish this removal.

I now release LASTING IMPRESSION, and anyone authorized by LASTING IMPRESSION, all personal rights and objections I have or may have to the above-described uses of my photographs and/or videos. I have entered this release freely and voluntarily and agree to be bound thereby.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technicians Signature

\_\_\_\_\_  
Date