

## Elite Wellness & Beauty Microblading/ Permanent Makeup Consent

Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

I certify that I am over the age of 18, I am not under the influence of drugs or alcohol, I am not pregnant or nursing. I consent to receiving the indicated micropigmentation or permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. **Consent** \_\_\_\_\_ (initials)

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation 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. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of 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 request the permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s). **Consent** \_\_\_\_\_ (initials)

There is a possibility of an allergic reaction to pigments. I release the technician from liability if I develop an allergic reaction to the pigment. 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 permanent cosmetics. I acknowledge some of the potential adverse changes may not be correctable. **Consent** \_\_\_\_\_ (initials)

I have received pre- and post-procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood-altering prescription, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before receiving any permanent cosmetic procedure around my lips. **Consent** \_\_\_\_\_ (initials)

I understand that before and after photographs of the said procedure(s) are conditions of such procedure(s). I certify I have read and initialed the above paragraphs and have had explained to my understanding this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done and understand that there is no refund policy. I understand that the cost of touch-ups is not included in the procedure and the cost of touch-ups differs as time lapse from the original date the procedure was completed. **Consent** \_\_\_\_\_ (initials)

Signature: \_\_\_\_\_ Tech initials: \_\_\_\_\_

## Medical History

In order to provide you with the most appropriate treatment, please complete the following questionnaire. All of the information you provide is strictly confidential.

Are you currently under the care of a physician? YES / NO If yes, for what?
<b>Do you have any of the following medical conditions/problems? (please circle yes or no)</b>
Cancer YES / NO      Arthritis YES / NO      Frequent cold sores YES / NO
Skin Disease YES / NO      Blood Clotting YES / NO      Seizure disorder YES / NO
Hormone imbalance/abnormality YES / NO      HIV/AIDS YES / NO      Hepatitis YES / NO
Any active infection YES / NO      Herpes YES / NO      Thyroid imbalance YES / NO
Other:
Have you ever had an allergic reaction to any of the following?
Food (list all allergies):
Latex YES / NO      Aspirin YES / NO      Lidocaine YES / NO
Hydrocortisone YES / NO      Tattoo pigments YES / NO
Please list all other allergies:
<b>What oral medications and dosage are you presently taking?</b>
<b>What vitamins or supplements are you taking? (please list)</b>
<b>What topical medications, cleansers, or creams are you currently using on your face? (please list)</b>
<b>Have you recently had treatments such as facials, peels, microdermabrasion, etc on your face?</b> YES / NO Date of procedure: _____
<b>Do you form thick or raised scars from cuts or burns? YES / NO</b>
<b>Do you experience hyperpigmentation (darkening of the skin) or hypopigmentation (lightening of the skin) or marks after physical trauma? YES / NO</b>
<b>Have you had any recent tanning or sun exposure that changed the natural tone of your skin? YES / NO</b>

Signature \_\_\_\_\_ Tech initials: \_\_\_\_\_

## Permanent Make-up Policies

**Late arrivals-** Arriving late will deprive you of valuable service time. As a courtesy to the next guest, your treatment will end at the time originally scheduled. Late arrivals may be rescheduled, and the remainder of the service time will still be charged at full price.

**Children under 18** – Due to liability reasons no children under 18 are allowed in the treatment room. We want to provide the best relaxation while practicing the highest sanitation practices during your time with us.

**Cell Phones** – Cell phone use is not permitted during permanent makeup procedures.

**Permanent makeup done by another technician** – Recoloring permanent makeup done previously by anyone else is not a “touch-up” since it is not the original work of Elite Wellness and Beauty, INC. Therefore, fees start at the new permanent makeup pricing. Two or more appointments may be necessary to achieve and complete most permanent makeup corrections.

**Pricing** – All prices are quoted and subject to change without notice. All purchases and services are final, and there are no refunds.

Additional treatment policy:

1. We reserve the right to refuse service to anyone.
2. Two or more appointments may be necessary to achieve and complete most permanent makeup procedures depending on each person’s skin. Touch-up fees will apply.
3. Since scar tissue is abnormal, multiple sessions are usually needed to achieve satisfactory results with medical grade tattooing/camouflage.
4. Only clients receiving services will be allowed in the treatment room.

I have read, understand, and agree to all the policies listed above.

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