Permanent Make-up Health History Questionnaire

Name: _____Date:_____

DOB: Month_____ Day _____ Year _____

Address: _____City: _____ Province/State: _____ Postal code: _____

Phone #:_____ Email: _____

Referred by: _____ Procedure(s):_____

Emergency contact person:_____

Do you presently have or previously had any of the following: (circle yes or no)

Yes No History of MRSA	**Yes No** Abnormal Heart Condition
Yes No Botox	**Yes No** Contact Lenses now
Yes No Diabetes	**Yes No** Chemical Peel (last treatment____)
Yes No Lip fillers/ Restylane/ Juvederm	**Yes No** Pregnant now/ Breast feeding now
Yes No Cold Sores/ Fever Blisters ever?	**Yes No** Brow or Lash tinting
Yes No Blepharoplasty (Eyelid surgery)	**Yes No** Autoimmune Disorder
Yes No Hepatitis (A,B,C,D)	**Yes No** Cancer year_____
Yes No Forehead/Brow lift	**Yes No** Accutane or acne treatment
Yes No Easy bleeding	**Yes No** Chemotherapy/ Radiation
Yes No Face lift	**Yes No** Tan by booth or sun
Yes No Alcoholism	**Yes No** Tumors/ Growths/ Cysts
Yes No Eye surgery/ injury/ Corneal abrasion	**Yes No** Difficulty numbing with dental work
Yes No Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, ect.	
Yes No Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, ect. List_____	
Yes No Allergies to metals, food, ect._____	
Yes No Any diseases or disorders not listed: _____	
Yes No Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl? Please list medication or vitamins you're presently taking:_____	
Yes No Do we require a physician's note?	

Are there any other areas of concern not mentioned?_____

I agree that all the above information is true and accurate to the best of my knowledge.
Signature of Client :_____

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Consent Form

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 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 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).**Initials**_____

Immediately following this procedure, my micropigmentation may appear dark. This color will fade over a few weeks and then heal into its lighter final color. It is also possible with Scalp Micropigmentation that the appearance of the pigment dots simulating hair follicles may not appear dark at initial application, however, will darken over the next few days. **Initials**_____

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 these potential adverse changes may not be correctable. **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 contemplating any permanent cosmetic procedure around my lips. **Initials**_____

I understand that the taking of before and after photographs of the said procedure(s) are a condition 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. **Initials**_____

Final procedure color choice and placement

I, _____ agree to and approve of the color that has been chosen by Sophia Harvey. I authorize Sophia Harvey to permanently tattoo the color of my choice in the areas that I have instructed. I understand there is no guarantee or none implied by Sophia Harvey for color stability, long term color retention and any possible color changes over a short or long term (days, months, years). I hold harmless Sophia Harvey. I accept full responsibility on the chosen tattoo pigment and placement.

Pigment: _____
Procedure: _____
Signature:_____ Date:_____
Print Name: _____

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Consultation
Date:

Eyes:

Brows:

Lips:

Areola:

Scalp:

Price:

Procedure (Aftercare balm: yes no)
Date:

Eyes:

Brows:

Lips:

Areola:

Scalp:

Price:

Touch-up
Date:

Extra Notes: