



SEMI PERMANENT MAKEUP  
CONSENT FORM

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Ashford Kent  
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# CONSULTATION FORM

- Who do you know who has permanent cosmetics?
- How long have you been thinking about having permanent cosmetics?
- When do you want to have the procedure done?
- Why do you want the procedure?
- Where did you first learn about permanent cosmetics?

*Please read these statements carefully*

- Permanent cosmetics are a form of tattooing.
- Re touch procedures may be required.
- A healing period of four weeks is required before a re touch procedure can be performed.
- On rare occasions the pigment may migrate under the skin.
- Application of permanent cosmetics can be painful.
- The pigments will fade.
- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.
- There may be immediate or delayed allergic reaction to pigments. However, allergic reactions are extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Allergic reactions to anaesthetics can occur.
- Permanent cosmetics cannot be applied to pregnant women or nursing mothers.
- Permanent cosmetics cannot be applied to any person under the age of eighteen.
- Infections can occur if aftercare instructions are not followed correctly.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- It is recommended that clients receiving treatment for eyeliner should have someone drive them home.
- Corneal abrasion may occur during eyeliner procedures. However, corneal abrasion is rare.
- Clients receiving lip procedures who have had previous problems with cold sores/herpes may have an outbreak following the procedure. Anti herpes medication is available over the counter or on prescription and has been shown to prevent or minimize such outbreaks.
- Lip procedures may appear dry and flaky for up to one week following the procedure.
- Camouflage procedures are experimental in nature.
- Camouflage procedures require skin colour matching tests before the procedure commences.
- There are few effective methods for pigment removal.
- If you have an MRI scan within 3 months of your permanent cosmetics procedure we recommend that you discuss this with your doctor.
- Possible scarring, inconsistency of colour and loss of eyelashes may occur.

*This information is not intended to alarm you. However, it is imperative that you are informed of the risks involved.*

Name

Address

Telephone No.

*I have read and understood the above information*

Client Name

Signature

Date

Technician Name

Signature

Date

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Client Name

Signature

Date

Technician Name

Signature

Date

# MEDICAL HEALTH FORM

Name

Address

Date of Birth

Occupation

Home Telephone No.

Mobile Telephone No.

Work Telephone No.

Email Address

List any medications you have been taking in the last 6 months

Have you taken any of the following in the last 2 days: Aspirin, Ibuprofen, Coumadin, Alcohol?

Have you received chemotherapy or radiation treatment in the last year?

*Please answer all of the following questions:*

Name of the Doctor

Surgery

Allergies: have you ever had an allergic reaction to any of the following?

Lanolin	Yes / No	Latex Rubber	Yes / No	Vaseline	Yes / No
Medication	Yes / No	Metals	Yes / No	Hair dyes	Yes / No
Drugs	Yes / No	Foods	Yes / No	Lidocaine	Yes / No
Paints	Yes / No	Crayons	Yes / No	Glycerine	Yes / No

Anaesthetics or Adrenaline (which ones)

Other allergies (list)

*I confirm that the above information is correct*

Client Name

Signature

Date

Technician Name

Signature

Date

## MEDICAL HEALTH FORM (CONTINUED)

*Have you ever had any of the following? Tick all that apply*

Abnormal Heart Condition  
Mitral Valve Prolapse  
Rheumatic Fever  
Artificial Heart Valves  
Haemophillia  
High Blood Pressure  
Circulatory Problems  
Epilepsy  
Thyroid Disturbances  
Kidney Disease  
Stomach Ulcers  
Cancer  
Stroke  
Prosthetic Hip or Joint  
Hepatitis  
Cataracts  
Dry Eyes  
Alopecia  
Watery Eyes  
Eyelid Surgery  
Trichotillomania  
Fat Transfer Injections  
Botox Injections  
Collagen Injections  
Hypertrophic Scars  
Scar Easily  
Healing Problems  
Keloid Scars  
Acutance within 6 months  
Cortisone within 6 months

Cold Sores (herpes simplex)  
Heart Murmur  
Pacemaker  
Anaemia  
Prolonged Bleeding  
Low Blood Pressure  
Diabetes  
Fainting Spells or Dizziness  
Liver Disease  
Glaucoma  
Tumours, Growths or Cysts  
Tuberculosis  
HIV  
Palpitations  
Pregnant or Nursing  
Blurred Vision  
Eye infection present  
Recent Hair Loss  
Contact Lenses  
Chapped Lips  
Other Tattoos  
Bruise or Bleed Easily  
Use of Sunbed  
Chemical or Laser Peel within 6 months  
Retin A within 6 months  
AHA preparations within last 2 weeks  
Sensitivity to Cosmetics  
Gore-Rex Implants / Silicone Injections  
Eyelash / Eyebrow tint  
If yes to above please provide last date

*I confirm that the above information is correct*

Client Name

Signature

Date

Technician Name

Signature

Date

# GENERAL CONSENT & PROCEDURE PERMIT

Name

Address

Date of Birth

Occupation

I hereby authorise

(technician) of

salon

To perform on myself the following procedure(s)

1. If any unforeseen condition arises in the course of this procedure(s), calling in his/her judgement in addition to, or different from those now contemplated, I further request and authorise him/her to do whatever he/she seems advisable and necessary in the circumstances.

2. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation.

3. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.

4. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Even though the colour has faded the pigment will stay in the skin indefinitely.

5. I have been informed that the highest standards of hygiene are met and that sterile disposable needles and pigment containers are used for each individual client, procedure and visit.

6. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed during the first procedure. I understand that this is why I will need to return for a retouch procedure.

7. I understand that a retouch procedure will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any further work. I understand that it is my responsibility to book the appointment at a time and venue convenient for both parties.

8. The result of the procedure is determined by the following:

- Medication
- Skin Characteristics - (dry, oily, sun-damaged and thickness)
- Natural skin undertones - (blending with chosen pigment)
- Personal pH balance of skin, which changes from visit to visit
- Alcohol intake and smoking
- Post procedure care treatment

9. Upon completion of the procedure there may be swelling and redness of the skin, which will subside between 1-4 days. In some cases bruising may occur. You may resume normal activities immediately following the procedure; however, using cosmetics, excessive perspiration and exposure of the sun to the affected area should be limited. See specific post-procedure instructions for details. You can however, be assured the procedure, even after only one treatment, looks acceptable so that you should be able to feel comfortable appearing in public without additional makeup on the affected area.

10. I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary in colour according to skin tones, skin type, age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to an exact effect or colour can be given.

11. I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.

12. 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 am over 18 years of age. I am not pregnant. I am not under the influence of drugs or alcohol.

13. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I confirm that I have received copies of all the relevant aftercare instructions.

14. Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetics procedure performed by (technician)

15. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s) for record purposes and for use in presentation portfolios.

I CERTIFY THAT I HAVE READ AND HAVE HAD EXPLAINED TO ME AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE PERMANENT COSMETIC/TATTOO PROCEDURES WHICH IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT AND PROCEDURE PERMIT.

*I confirm that the above information is correct*

Client Name

Signature

Date

Technician Name

Signature

Date

# TOPICAL ANAESTHETIC FORM

## *Allergic Reaction*

Allergic reaction can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may display redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with allergy.

## *Numbness*

We cannot accept responsibility if the treatment area does not numb. Each individual is different according to the skin type. Some clients have reported that the area is totally numb while others say they experience some discomfort.

## *Procedure*

For all procedures a cream or gel topical anaesthetic is used. These products are perfectly safe, and can be purchased over the counter from any chemist. The anaesthetic is placed over the treatment area for between twenty to thirty minutes then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anaesthetic you can expect to experience swelling and redness that could last between one and four days. You should always follow your post procedure instructions.

For eyeliner procedures you will be asked to keep your eyes closed throughout the numbing period. If for some reason the anaesthetic gets into the eye, you must advise your technician at once. It is not harmful to the eye although you will experience some stinging and slight discomfort. The cream will be removed and your eyes will be immediately flushed with a sterile saline solution. It is then safe for the technician to reapply the anaesthetic.

NOTE: If you experience stinging in the eyes and do not inform your technician immediately, the anaesthetic may numb the eyeball, and a possible corneal abrasion may occur. This can result in a temporary streaming and light sensitivity of the eyes. You may be unable to open your eyes and each time you blink it may be painful, and temporary blurry vision may occur. Corneal abrasion, however, is rare. If you experience any of these symptoms, inform your technician and visit your doctor immediately.

*I have read and fully understood the above and the risks involved with the use of topical anaesthetic and consent to the use of the anaesthetic for the Permanent Cosmetic procedure.*

Client Name

Signature

Date

Technician Name

Signature

Date

# Sensitivity Patch Test Procedure

1. Place the pigment sample on one of the following areas

(If the pigment has dehydrated add on drop of water to rehydrate)

- Behind the ear
- On top of the arm
- On the thigh
- On the buttock

*Do not place in the crease of the elbow or the knee*

(If the pigment has dehydrated add on drop of water to rehydrate)

2. After 24 hours remove the plaster and examine the skin. If there is no reaction. i.e redness, swelling, irritation or itching. Then it is safe to proceed with treatment. Should you experience any of the symptoms mentioned above. Remove the plaster and immediately flush the area with cold water.

3. Please telephone your technician to report the test results and to arrange your appointment.

4. Please note that the correct colour will be mixed for you at your first treatment. The colour enclosed is for the patch test purpose only.

If you suffer, or have suffered in the past for cold sores, and are considering a lip procedure. It is recommended that you have the herpes medication for example Zovirax one-week prior and one-week post procedure. If in doubt please contact your doctor.

*Please read these instructions and perform the patch test as instructed*

*On Completion, sign below and take the completed forms to your appointment.*

*I have undertaken a sensitivity patch test and suffered no adverse effects.*

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

Technician Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photograph Permission

\*I agree to let Katie Lewis show my photographs to other clients that may benefit from seeing my before and after shots

YES/NO

\*I am happy for my cropped and anonymous images to be used on the Little Grey Box social media pages, websites or any other promotional material.

YES/NO



## DOCTOR'S CONSENT FORM

*(Only to be completed on technicians request)*

For the attention of Doctor

Dear Sir or Madam,

Your patient

contacted me with a view to receiving a permanent cosmetic procedure.

Permanent cosmetics are an advanced form of tattooing in which pigment is implanted into the dermis of the skin using needles.

A fully qualified technician approved by the Society of Permanent Cosmetic Professionals will carry out the treatment.

As my client has indicated a medical condition during pre-procedure consultation, it would be preferable that you consider the implications and give your consent for the treatment. If you feel that the procedure would have no detrimental effect to the health of your patient, could you please complete the details below?

Surgery Name

Address

Doctor's Name

I understand that (patients name)

is to receive permanent cosmetics which is a form of tattooing. I have considered my patient's medical condition and feel that this procedure will have no detrimental effect to his/ her health.

Signed

Date