



Name: _____ Date: _____ DOB: _____ Age: _____
Address: _____
Phone: _____ Email: _____

I, _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the procedure to be performed has been explained to me.

PROCEDURE(S)

Number of visits required _____ Cost of Procedure(s) _____

Please read and initial when you are certain you understand the implications of signing:

I, _____ confirm the following by initialing each applicable item:

____ I am the person on the legal ID presented as proof that I am at least 18 years of age.

Client Medical History Form

YES	NO	History of MRSA
YES	NO	Botox (Last treatment _____)
YES	NO	Diabetes
YES	NO	Hepatitis A B C D
YES	NO	Forehead / Brow / Face Lift
YES	NO	Easy bleeding
YES	NO	Alcoholism
YES	NO	Abnormal heart condition
YES	NO	Take medication before dental work
YES	NO	Chemical peel (Last treatment _____)
YES	NO	Pregnant now / Breastfeeding now
YES	NO	Brow / Lash tinting
YES	NO	Autoimmune Disorder
YES	NO	Oily Skin
YES	NO	Cancer (Year _____)
YES	NO	Accutane or acne treatment
YES	NO	Chemotherapy / Radiation
YES	NO	Tan by booth or salon
YES	NO	Tumors / Growth / Cysts / Fibroid
YES	NO	Difficulty numbing with dental work
YES	NO	Taking blood thinners such as aspirin/ibuprofen/alcohol/coumadin/etc
YES	NO	Allergic reaction to any medications such as lidocane, tetracine, epinephrine, demecracaine, benzyl, alcohol, carpool. Lecithin, propylene glycol.

_____ I have been quoted the cons of today's appointment and the cost of the touch-up. Touch-ups must be completed within 30-45 days of initial procedure to be considered touch-up price.

I certify that I have read or have been read to me of the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approve the material given to me and I authorize Nourish Hair and Body as my eyebrow microblading technician to perform Microblading permanent makeup procedure today.

X_____

____ I am not under the influence of alcohol or drugs and am voluntarily submitting myself to receive body art without duress or coercion.

____ I acknowledge that the information that I have provided in the medical questionnaire is complete and true to the best of my knowledge.

____ I understand the permanent nature of receiving permanent makeup and that removal can be expensive and may leave scars on the procedure site.

____ The permanent makeup described or shown on the client record form is correctly placed to my specifications (mapping).

____ All questions about the permanent makeup procedure have been answered to my satisfaction and I have been in receipt and understand the aftercare instructions for the procedure I am about to receive.

____ I understand the restrictions on physical activities such as bathing, recreational water activities, gardening, contact with animals, and durations of the restrictions.

____ I understand that any medical information obtained will be subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

____ I am aware of the signs and symptoms of infection, including but not limited to redness, swelling, tenderness of the procedure site, elevated body temperature or drainage from the procedure site.

____ I understand there is a possibility of getting an infection as a result receiving permanent makeup particularly in the event that I do not take care of the procedure site.

____ I will seek medical attention if signs and symptoms of infection occur.

I agree to follow all instructions concerning the care of my permanent makeup and that any touch-ups needed due to my own negligence will be done at my own expense.

I understand that there is a chance that I might feel lightheaded, dizzy, and/or faint before, during, or after the procedure.

I agree to immediately notify Rachel in the event I feel lightheaded, dizzy, and/or faint before, after, or during the procedure.

I agree to release and forever discharge and forever hold harmless Nourish Hair and Body and its associates, agents, officers, and shareholders from any and all claims, damages, or legal actions arising from or connected in any way with my permanent makeup or the procedures and conduct used to apply my permanent makeup and any and all permanent makeup applied by Nourish Hair and Body and its associates, agents, and representatives in the future.

I, _____ have been informed of the risks of tattooing including but not limited to infection, scarring, difficulties in detecting melanoma and allergic reactions to pigment, latex gloves, and antibiotics. Having been informed of the potential risks associated with getting permanent makeup, I still wish to proceed with the permanent makeup application and I assume any and all risks that may arise from doing so.

X _____ Date: _____

TO BE FILLED OUT BY THE ARTIST

If single-use pre-sterilized equipment is used please provide Lot/ID number:

Artist: _____ Lot/ID #: _____