



**Permanent Makeup Consent Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home / Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ 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)**

**NO. OF VISITS REQUIRED** \_\_\_\_\_ **COST OF PROCEDURE(s)** \_\_\_\_\_

**PLEASE READ AND CHECK THE BOXES WHEN YOU ARE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING**

In consideration of receiving Permanent Makeup, Jill K. Imbrogno, the Practitioner at JKFlashy Makeup Services, Inc. (together with its apprentices and agents, the "Permanent Makeup").

I \_\_\_\_\_ confirm the following by initialing each applicable item:

**\*CAUTION: Tattoo inks, dyes and pigments that have not been approved by the Federal Food and Drug Administration have health consequences that are unknown.\***

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



**CLIENT MEDICAL HISTORY FORM**

**Do you have or previously had any of the following: (Circle YES OR NO)**

- YES NO History of MRSA
- YES NO Botox (Last Treatment \_\_\_\_\_)
- YES NO Diabetes
- YES NO Hepatitis A B C D
- YES NO Forehead / Brow Lift
- YES NO Easy Bleeding
- YES NO Facelift
- 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 / Demeracaine / 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 60 days of initial procedure to be considered a 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 acknowledged that I have review and approved the material given to me and I authorize Jill K. Imbrogno of JKFlashy Makeup Service, Inc. as my Eyebrow Microblading technician to perform 3-d Eye Brow Microblading, permanent Makeup procedure today.**

x \_\_\_\_\_

\_\_\_\_\_ **I am under the age of 18 years old and have the presence of my parent or guardian to receive the body piercing (Applicable only to underage body piercing. N/A if not applicable.**

\_\_\_\_\_ **I am not under the influence of alcohol or drugs and I 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.**

\_\_\_\_\_ **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 the 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, red streaks going from the procedure site towards the heart, elevated body temperature or purulent 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 tattoo 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 I might feel lightheaded, dizzy and or faint before, during or after being tattooed.

\_\_\_\_\_ I agree to immediately notify Jill K. 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 JKFlashy Makeup Services, Inc. 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 Jill K. and its associates, agents and representatives in the future.

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

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

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

Artist: \_\_\_\_\_ Lot / ID #: \_\_\_\_\_