

# PERMANENT MAKEUP & COSMETIC TATTOOING CONSULTATION FORM



## CLIENT INFORMATION:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:    AGE:

PHONE #:  PIC #:

ADDRESS:

CITY:  PROVINCE/STATE:

EMAIL:  POSTAL CODE:

## EMERGENCY CONTACT:

NAME:  RELATIONSHIP:

PHONE #:

## PERTINENT INFORMATION:

- Y  N Known allergies or sensitivities (including but not limited to lidocaine, aloe, tetracaine, latex, benzocaine, metals, epinephrine, grapeseed, jojoba, beeswax, shea butter, orange, castor oil, coconut, nitrile, almonds, lavender)
- Y  N Currently on antibiotics or fighting an infection or disease
- Y  N Currenting or recent radiation or chemotherapy treatments
- Y  N Current or past history of immune or auto-immune diseases
- Y  N Currently pregnant, nursing or pumping
- Y  N Currently taking blood thinners, Warfarin, Coumadin, anti-coagulants, platelet inhibitors
- Y  N Current or past history of anemia, bruise easily, hemophilia or clotting disorder
- Y  N Current or past history of keloid or hypertrophic scarring
- Y  N History of cold sores (herpes simplex), fever blisters or shingles (even one occurrence)
- Y  N Currently on thyroid or glaucoma medication

# COSMETIC TATTOOING

- Y  N Current or past history of diabetes (type 1 or type 2)
- Y  N History of acne, psoriasis, eczema, dermatitis, vitiligo, rosacea or other skin disorders
- Y  N Current or recent use of Accutane (within the last 1 year)
- Y  N Current or recent use eyelash growth serums/Latisse (within the last 6 months)
- Y  N Current or recent use of fish oil or Omega-3 supplements
- Y  N Use of facial microdermabrasion or chemical facial peel treatments, anti-aging facial products
- Y  N Past or planned facial laser therapy or laser hair removal
- Y  N Past or planned botox, collagen, or injectable fillers
- Y  N Past or planned exposure to tanning beds, spray tan, or sun

If you answered "YES" to any of the above questions please explain further:

Please list all prescription or over-the-counter medication, supplements, and if applicable, recreational drugs you are currently or have taken in the last 6 months:

## PREVIOUS TATTOOS:

- Y  N Do you have any previous tattoos, cosmetic tattoos, permanent makeup (including microblading)?
- Y  N Have you had a previous allergy or reaction to red tattoo pigment/ink?

How did your previous tattoos, cosmetic tattoos or permanent makeup heal?  
Were there any problems or complaints?

## SKIN TYPE:

What is your natural hair colour:

**Y**  **N** Has your skin ever hypo-pigmentated (light spots) or hyper-pigmentated (dark spots)?

**Y**  **N** Do you consider your skin to be sensitive?

**Y**  **N** Do you bruise easily?

If you answered "YES" to any of the above questions please explain further:

## INFORMED CONSENT TO COSMETIC TATTOOING/ PERMANENT MAKEUP:

I understand and accept that permanent makeup, cosmetic tattooing, and tattoo lightening are elective procedures for cosmetic/aesthetic purposes and are not medically necessary  (initial).

I understand and accept that permanent makeup, cosmetic tattooing, and tattoo lightening are a process of appointments (consultation, procedure/treatments, subsequent treatments, and colour enhancements) and that permanent makeup, cosmetic tattooing, and tattoo lightening often requiring multiple applications of colour /lightening to achieve desirable results  (initial).

I understand and accept that success and satisfaction of permanent make-up, cosmetic tattooing, and tattoo lightening procedures cannot be guaranteed, especially in cases of work over-top of previous tattoos/permanent makeup  (initial).

I accept responsibility for determining the shape, and position of my elected permanent makeup and/or cosmetic tattooing procedure. Photographs of the approved pre-drawn design may require my signature/initials prior to commencing the permanent makeup and cosmetic tattooing procedure  (initial).

I understand that the color selection and color results in all procedures are variable. Skin overtones, skin undertones, skin condition, capillary density, general health, medications, aftercare, and lifestyle can all affect the final healed result  (initial).

I understand that there may be a change or loss of pigment and that the procedure will fade during healing as well as over time post permanent makeup/cosmetic tattooing procedure, and this fading can alter the original pigment colour. The degree and rate of pigment loss/fading will determine if/when a Colour Enhance appointment is warranted  (initial).

I consent to the use of anesthetics during my procedure/treatment  (initial).

# COSMETIC TATTOOING

I understand and accept that cosmetic tattooing and permanent makeup procedures are a process, often requiring multiple applications of color to achieve desirable results and that success cannot be guaranteed. In rare circumstances, a tertiary appointment is required. Should a tertiary appointment be needed a \$50.00 set up fee will apply [redacted] (initial).

I understand that positioning and/or shape of my procedures can be affected if I have elected or wish to elect cosmetic surgery, Botox or injectable fillers [redacted] (initial).

It has been explained to me that the following risks may occur: minor and temporary bleeding, bruising, redness or other discoloration, and/or swelling [redacted] (initial).

I understand that lasers & IPL (Intense Pulse Lights) treatments including those used for hair removal, anti-aging, photo facials, removal of lines may turn permanent makeup pigments dark or even black. Please inform laser technician of any permanent makeup [redacted] (initial).

I agree to accompany cosmetic tattoo artist (Justine Hunter) to the emergency room for testing and treatment in the event the cosmetic tattoo artist was to be accidentally poked with my needle or exposed to blood or bodily fluids [redacted] (initial).

I agree that if an infection occurs or is suspected during the permanent makeup, cosmetic tattooing, and tattoo lightening healing process I will seek medical attention immediately [redacted] (initial).

If I had permanent makeup, cosmetic tattooing, and removal/lightening performed previously by another practitioner, I do not hold Justine Hunter, Body Mechanics Salon and Spa or Hunter Permanent Cosmetics Limited, responsible for future allergic reactions, contraindications or the outcome of work overtop of pervious work [redacted] (initial).

I understand the nature, risks, and possible complications and consequences of permanent makeup, cosmetic tattooing, and tattoo lightening and I understand the procedure carries with it known and unknown complications including but not limited to: infection, allergic reaction, scarring, inconsistent color, pigment migration, and spreading, fanning or fading of pigments [redacted] (initial).

I agree to follow the aftercare instructions provided to me by Justine Hunter (Hunter Permanent Cosmetics Limited). I further understand that failure to follow aftercare instructions provided may result in future appointments and services or treatments being cancelled, including but not limited to, the secondary appointment [redacted] (initial).

I understand that the taking of before and after photographs of the requested procedure(s) are a condition of requested procedure(s) and give Justine Hunter, Body Mechanics Salon and Spa or Hunter Permanent Cosmetics Limited the permission to use these photographs for client care, information, marketing, and presentations [redacted] (initial).

EYELINER SERVICES ONLY - If applicable, I understand that I must keep my contact lenses out the day of a permanent makeup eye procedure. I understand that the production of tears (lacrimation) and swelling can affect the outcome and retention of a permanent makeup eye procedure [redacted] (initial).

# COSMETIC *jh* TATTOOING

EYELINER SERVICES ONLY - I understand that a corneal abrasion is a rare side effect of eyeliner or eyelash enhancement services, especially if I rub or scratch my eyes or apply contact lenses before recommended time span [redacted] (initial).

EYELINER SERVICES ONLY - I understand that pigment can migrate out of the desired area during the eye micropigmentation service, immediately following service, or at any point throughout the life of the tattoo [redacted] (initial).

LIP SERVICES ONLY - I understand that even with prophylactic treatment fever blisters/cold sores (herpes simplex virus) on the lip area may occur following lip procedures [redacted] (initial).

## COVID-19 & OTHER ILLNESS CONSENT:

I understand the novel coronavirus causes the disease COVID-19. I understand the novel coronavirus has a long incubation period during which carriers of the virus may not show symptoms and still be contagious [redacted] (initial).

I understand that close physical contact and/or exposure to publicly used spaces, even with masks being worn, can transmit the novel coronavirus and other viruses [redacted] (initial).

I confirm that I am not presenting any of the following symptoms of illness:

- Fever greater than 38°C [redacted] (initial)
- Sore throat [redacted] (initial)
- Cough [redacted] (initial)
- Shortness of breath [redacted] (initial)
- Flu/Cold-like symptoms [redacted] (initial)

## IMPORTANT POLICIES\*:

This policy is specific to services rendered by Justine Hunter only (i.e. tattooing, micropigmentation, corrective, cover-up, and tattoo lightening). Body Mechanics Salon and Spa may have different policies regarding booking, cancellations, late arrivals, and failure to show situations.

A \$100.00 non-refundable, non-transferable booking fee is required to book an initial procedure appointment, this booking fee will be credited toward your initial appointment cost upon completion of the appointment. Your initial appointment is on [redacted] at [redacted].

I understand that I must notify Justine Hunter or Body Mechanics Salon and Spa if I am unable to attend my scheduled appointment. Failure to notify may result in the cancellation of future appointments [redacted] (initial). Please arrive on time for your appointment. You will be considered "late" once 15 minutes from your scheduled appointment has passed. Unfortunately, due to scheduling, late arrivals cannot always be accommodated, and your appointment may be cancelled.

\*Allowances for rescheduling of appointments, without penalty, will be given in circumstances such as government mandated or elected business closures due to pandemic(s) at the discretion of Justine Hunter

# COSMETIC *jm* TATTOOING

It is important to schedule ONE secondary appointment that best works for your schedule and budget. Two different timeframes are available for a second appointment at different costs.

A 8-12 week appointment will need to be scheduled between [redacted] and [redacted] (cost: \$100).

A 12-16 week appointment will need to be scheduled between [redacted] and [redacted] (cost: \$150). Please book your secondary appointment well in advance as appointments book quickly. I understand that it is my responsibility to book my secondary appointment during one of the timeframes offered [redacted] (initial).

I understand that my second appointment must be scheduled within the dates listed above and that failure to schedule a secondary appointment before [redacted] will void future Colour Enhance prices and full cost of an initial procedure will be required upon a next visit [redacted] (initial).

## ACCEPTANCE:

I verify the information I have provided on this form is truthful and accurate. I verify I am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant, nursing or pumping with intent to feed, and request the indicated permanent make-up, cosmetic tattooing, and/or removal/lightening procedure. I give my consent to Justine Hunter, Hunter Permanent Cosmetics Limited, and Body Mechanics Salon and Spa for medical information required for the safety of my procedure(s).

I have read and understand these risks listed above and they have been explained to me. I DID NOT JUST SIGN THIS DOCUMENT WITHOUT READING IT. I certify that the information in the above questionnaire is accurate and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the permanent makeup, cosmetic tattooing, and lightening procedure(s) to be performed at my request. I have read, understood, and accepted Hunter Permanent Cosmetics booking, cancelation, late arrival, and failure to show policies.

SIGNATURE:

INITIAL APPOINTMENT

DATE: DD | MMM | YYYY

HOW DID YOU HEAR ABOUT JUSTINE:

- Referral - Friend, family, coworker/colleague
- Instagram
- Body Mechanics Salon + Spa
- Google/ Internet Search
- Facebook
- Other:

SECONDARY APPOINTMENT:

I verify the information I have provided on this form is truthful, accurate, and has not changed significantly since my first appointment. I knowingly and willingly consent to have cosmetic tattooing procedure(s) completed during the COVID-19 pandemic. I verify I am not under the influence of drugs or alcohol, am not pregnant, nursing or pumping with intent to feed, and request the indicated permanent make-up, cosmetic tattooing, and/or removal/lightening procedure. I give my consent to Justine Hunter, Hunter Permanent Cosmetics Limited and Body Mechanics Salon and Spa for medical information required for the safety of my procedure(s).

I certify that the information in the above questionnaire is still accurate and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the permanent makeup, cosmetic tattooing, and lightening procedure(s) to be performed at my request.

If any of the above answers have changed since initially filling out these forms please explain further:

SIGNATURE:

SECONDARY APPOINTMENT

DATE:  DD  MMM  YYYY