

Medical History and Consent to Application of Permanent Cosmetic Procedure(s)

/ /

Today's Date

/ /

Date of Birth

Name (First, Last)

Street Address

City, State

Zip

() _____
Home Phone

() _____
Cell Phone

@

Email Address

- ❖ Preference for appointment confirmations? Phone Email Text
- ❖ Authorization to text appointment reminders? _____ (initial)
- ❖ How did you hear about Lasting Looks? _____
- ❖ Which procedure(s) would you like to have done?
Check all that apply: Eyeliner Brows Lips Areola Scar Camouflage

Personal Medical History (Please circle **Yes** or **No**)

Yes	No	Do you wear contact lenses?
Yes	No	Do you smoke?
Yes	No	Do you have a history of allergies or adverse reactions to pigments, dyes, or other skin sensitivities?
Yes	No	Are you allergic to any medications? Please list:
Yes	No	Are you allergic to any hair colors, glues, or adhesives?
Yes	No	Do you use a lash conditioner, such as Latisse or R&F Lash Boost or other?
STOP:		If you answered YES to the use of lash conditioners, please CANCEL your appointment. If you want permanent eyeliner, discontinue use and reschedule for one year from now. Lash conditioners greatly affect your liner outcome with uneven results, pigment migration and poor retention.
Yes	No	Are you allergic to products with a petroleum base?
Yes	No	Do you have allergies to Lidocaine or Novocain products?
Yes	No	Are you allergic to any metal?
Yes	No	Do you take any special precautions when you visit your dentist, such as an antibiotic? Do you have trouble numbing for dental procedures?
Yes	No	Are you diabetic?
Yes	No	Do you have any problems healing?

Yes	No	Do you have high blood pressure? If yes, is it controlled with medication?
Yes	No	Are you being treated for a thyroid condition? If yes, what medication?
Yes	No	Are you taking anti-coagulant medications that thin the blood and / or interfere with blood clotting? (i.e., Aspirin, Coumadin, Warfarin, Eliquis, Xarelto...)
Yes	No	Have you had any cortisone medications or steroids in the past 6 weeks?
Yes	No	Are you taking Omega 3, 6 or 9 oils (fish oils)? Vitamin E?
Yes	No	Have you undergone chemo therapy or radiation in the last 6 months?
Yes	No	Have you EVER had cold sores, fever blisters, canker sores, or herpes?
Yes	No	Have you had a laser or a chemical peel on your face in the last 6 weeks?
Yes	No	Are you using AHA's or Retin-A? OTC or prescription?
Yes	No	Have you ever had Hepatitis?
Yes	No	Do you have a history of Hemophilia (bleeding)?
Yes	No	Do you have a history of epilepsy, seizures, fainting, or narcolepsy?
Yes	No	Are you pregnant or nursing?
Yes	No	Do you have any eye disorders?
Yes	No	Have you ever had any previous permanent cosmetic procedures? = <i>Eyeliner</i> = <i>Brows</i> = <i>Lips</i> = <i>Areola</i> = <i>Scar Camouflage</i>
Yes	No	Have you had any other cosmetic surgeries, such as, face lift, blepharoplasty, filler injections, etc.? _____ Date: _____ _____ Date: _____ _____ Date: _____ _____ Date: _____
Yes	No	Do you have a history of skin disease, skin lesions?
Yes	No	Have you ever experienced a keloid or have a reason to believe you may?
		Please list any medications taken regularly:

Client Signature

Date

Technician Signature

Date

Consent to Application of Permanent Cosmetic Procedure(s)

Name (First, Last)

_____/_____/_____
Date of Birth

_____/_____/_____
Today's Date

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. If I am on any medication for depression or any other mood-altering prescription, I will advise my technician. X _____

I understand that cosmetic tattooing is considered makeup enhancement and is not intended to totally replace conventional makeup. I understand that the results cannot be warranted, guaranteed, or completely predicted. No representation of a warranty or guarantee has been made to me as to the specific results of cosmetic tattooing, and results may be different from what I expect. I understand that it is not entirely predictable as to my body's reaction and there is a variation inherent in the cosmetic tattooing 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. This is a risk I am willing to accept. X _____

I have also been advised that the tattooing **will appear to lighten approximately 40% during the first week and month** after the initial treatment. I understand that is the reason why a touch-up application is necessary. I also understand that facial products containing AHA, Glycolic acids or any chemical that will lighten my skin will also lighten my tattoo area. 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. X _____

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 (especially when lash growth serums are used within a year of an eyeliner procedure). Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon (not before 4 days) after any eyeliner procedure. X _____

I have been advised that all needles are sterile and have not been used on any other clients. X _____

There is a possibility of an allergic reaction to pigments. A clear patch test does not ensure you will not have an allergic reaction. Since Lasting Looks is not a medical facility, a determination patch test cannot be performed. I release the technician from liability if I develop an allergic reaction to the pigment. X _____

I understand that the pigments used in cosmetic tattooing contain iron oxides and as such may cause issues during an MRI procedure. When getting an MRI, I will inform the health professional administering the MRI that I have tattoos (permanent cosmetics) so that they may instruct and advise me accordingly. I release the permanent cosmetic technician from liability if an adverse reaction occurs during said procedure. X _____

The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me. 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. X _____

I understand that the taking of before and after photographs of the said procedure(s) are a condition of such procedure(s). I authorize the release of before and after photographs for use as seen fit for advertising, teaching or any other purpose whatsoever the Permanent Cosmetic Technician deems necessary. X _____

I have discussed this information with my technician, and I am aware of all the risks and complications of cosmetic tattooing. I voluntarily authorize the Permanent Cosmetic Technician to perform the procedures requested. I certify I have read and initialed the above nine (9) 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. My signature below is in effect for all life-time procedures done by the Permanent Cosmetic Technician. **NO REFUND GIVEN FOR ANY PROCEDURE.**

Client Signature

Date

**Lasting Looks, Inc. – Policies – Permanent Cosmetics
Updated 3/2022**

CONSULTATIONS

Consultations are not required. All aspects of the procedure are explained and reviewed at regular appointments. Consults are a good idea if you are unsure about getting permanent cosmetics, are shopping for the right technician, or if you have had previous work done by another technician and Lasting Looks will be going over the same area. One consultation visit is free of charge. A 24-hour notice is required to reschedule a consultation appointment. If the appointment is a “no-show” or late cancellation, a \$50 non-refundable fee will be charged to your held credit card. Clients are never pressured to schedule a procedure. In fact, all procedures should be carefully considered before scheduling them.

PROCEDURE APPOINTMENTS

To reserve an appointment for a procedure, a deposit of \$100 is required. The deposit will be applied toward the cost of the procedure. However, if you fail to provide 24-hour notice or do not come to your appointment, the deposit will not be refunded or reapplied. The full price of the procedure will be required to reserve another appointment time. Please understand that substantial time is reserved for you and sufficient notice is needed to fill the schedule.

Each initial procedure requires two visits. The first visit of the *process* is the **Saturation** visit. The following visit is known as the **Focus** visit. As the names imply, the Saturation visit accomplishes the basic design and color saturation, and the Focus visit addresses refinement by focusing on balance, symmetry and detail of the healed result. See website for all pricing. If you feel you need additional visits, there will be a Table Set Up Fee of \$100 each time, with a limit of ONE.

Client Signature

Date

MAINTENANCE APPOINTMENTS

All color fades and your cosmetic tattoo will require maintenance. The amount of fading depends on several variables including medications and topical ointments and creams, but is primarily due to sun (ultra-violet) exposure; therefore, measures should be taken to protect your permanent cosmetics from the sun.

Pricing for this **Color Boost** is listed on the LastingLooksforyou.com website. Prices are subject to change at any time. The length of time one waits between touch-up visits will determine any additional fees. Any follow up work requested by client within 45 days of a Color Boost will be charged a Table Set Up Fee of \$100 with a limit of ONE.

We are committed to serving you well. Please be committed to your appointments.

I have read and understand these procedure policies. I will adhere to these policies with full communication with Lasting Looks should any mitigating circumstances arise.

Client Signature

Date