



CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR PERMANENT MAKEUP

Name: _____ DOB: _____ Best Phone Contact: _____

Address: _____ Email: _____

List any medications you have been taking in the past 6 months: _____

Have you received chemotherapy or radiation in the past year? _____

Have you ever had an allergic reaction to any of the following (please circle):

- Latex Lanolin Vaseline Medication Metals Hair
 Dyes Foods Lidocaine Paints Crayons Glycerin

Have you ever had a cold sore? Yes No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore

Are you currently taking medication that thins the blood? Yes No

Are you currently under the care of a physician? If yes, please _____

Physician's Name: _____

Do you take antibiotics when going to the dentist? If yes, why? _____

Have you ever had one of the following (please circle):

Hair Loss	Anemia	Sensitivity to cosmetics	Prolonged bleeding	Diabetes
Trichotillomania	Epilepsy	Artificial Heart Valve	Low Blood pressure	High Blood Pressure
Hemophilia	HIV	Fainting spells or dizziness	Circulatory Problems	Hypertrophic or keloid scars
Liver Disease	Alopecia	Tumors, growths, cysts	Botox/filler injections	Hepatitis
Thyroid disturbances	Cancer	Healing problems	Do you scar easily?	Do you bruise/bleed easily?

What would you like to improve about you? Consider shape, color, density, thickness...

Please read the following statements carefully. Permanent Makeup is a way of cosmetic tattooing, intended to be semi permanent lasting average 12-18 months. On a rare occasion, the pigment may migrate under the skin. Procedure of Permanent Makeup may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone under the age of 18.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur. I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

SIGNATURE: _____ **PRINT**
NAME: _____ **DATE:** _____

COLOR AND STERILIZATION (TECHNICIAN USE ONLY)

CONSENT TO APPLICATION OF PERMANENT MAKEUP/TATTOO PROCEDURE

*This page must be initialed and signed before consideration for any permanent makeup application
MICROBLADING EXPERT AND PERMANENT MAKEUP BY VALENTINA*

Name _____ Age _____ Date Of Birth _____
Home Address: _____ Street _____
City _____ State _____ Zip Code _____ Home/Cell Phone _____
Work Phone _____ E-mail _____
Emergency Contact Name and Phone Number _____

How did you hear about us?

Please circle all that apply:

Search Engine (Google/Yahoo/Other: _____) / Web Site / Yelp – Facebook / Family or Friend name: _____
_____ / Newspaper (name): _____ / Other _____

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

I request permanent makeup/tattoo procedures (please sign and circle all that apply):

**Eyebrows / Upper Eyeliner / Lower Eyeliner / Lip Liner / Full Lip Color / Beauty Mark / Areola
Repigmentation / Tricopigmentation (Hair Follicle Simulation)**

I am over the age of 18 and desire to perform the elective permanent makeup/tattoo procedure understanding that this procedure is for cosmetic purposes only and not for health reasons. I am aware that no guarantees have been made to me concerning the results of the procedure(s). I understand that permanent makeup/tattoo procedures will not fix my problems in life. I have been informed of the nature, risks, and possible complications and consequences of permanent makeup/tattoo procedures. I also understand that the permanent skin pigmentation procedure carries with it the possible complications and consequences associated with this type of cosmetic procedure, which includes risk of infection, scarring, eye damage, inconsistent color, hemorrhage, and possible spreading, fanning or fading of permanent makeup/tattoo pigments and or allergic reaction to any products used. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. Tissue heals at different levels, some people heal within 5-7 days; some may take 10 or more days to heal. I am aware that cosmetic procedures including but not limited to: Gortex, Alloderm, Fat Transference, Dermagin, Silicone or any other substance injected into or around the lip tissue AFTER having lip liner or full lip color, may compromise the existing procedure results. 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 makeup/tattoo. I acknowledge some of these potential adverse changes may not be correctable. Laser treatments may compromise the tattoo/permanent cosmetic makeup application. I fully understand as with all such procedures that this is not a science but rather an art, and that anything can go wrong. I acknowledge that there are NO GUARANTEES concerning the results of this procedure. I request the permanent skin pigmentation procedure, appreciating and accepting the permanency of the procedure as well as the possible complications and consequences of the said procedure(s).

SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

Photographs/Videos

For the purpose of documentation, I also consent to the taking of before, during and after photographs/videos of said procedure(s), which become the technician's sole property and may or may not be used by the technician, salon, or clinic for whatever purpose deemed necessary. I hereby grant Microblading Expert and Permanent Makeup by Valentina permission to use my photograph(s) in any way the company sees fit. By signing this consent form, I accept that photographs may be used on the internet or in any other print or electronic medium as Microblading Expert and Permanent Makeup by Valentina chooses. I will make no monetary or other claim against Microblading Expert and Permanent Makeup by Valentina for use of the photographs.

I consent _____ I do not consent _____ (*Initial next to your option*)

CONSENT TO APPLICATION OF PERMANENT MAKEUP/TATTOO PROCEDURE

Understanding the permanent skin pigmentation procedure, the procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only, I hereby authorize Microblading Expert and Permanent Makeup by Valentina to perform the permanent skin pigmentation procedure(s).

Initial after every statement

I absolutely understand that this procedure is a process and subsequent visits are necessary in order to achieve desired results. Subsequent visits are subject to charge depending upon the amount of work needed. All procedures may require at least 1(one) follow-up session. _____

I have received Before Care procedure Instructions and After Care procedure Instructions, and I will follow all aftercare instructions that my technician gives me. I understand that my failure to do so may jeopardize my chances for a successful procedure. _____

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

If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before contemplating any permanent cosmetic procedure around my lips. If I have ever had a cold sore, I must be on an antiviral prior to my lip procedure. _____

I certify that I have read and initialed the above paragraphs and I fully understand the above consent and procedure permit, and I accept full responsibility for the decision to have this tattoo/permanent makeup work done, and/or any other complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent and procedure form. _____

I understand the actual color of the tattoo/permanent makeup pigment may be modified slightly due to the tone and color of my skin. _____

A yearly color refresher will keep the procedure area looking fresh and new. _____

I accept all responsibility for my procedures. If I move during the procedure, I am responsible for all mistakes, not the technician. _____

Using AHA' or any skin lightening or exfoliating product on or around my procedure, area will compromise the procedure and I accept responsibility for fading and future color refreshers. _____

Eyebrows are "Sisters" not "Twins"; they will never be identical because of muscle, tissue, and bone formation of the forehead. Technician will make them as symmetrical as possible. I do not expect technician to perform identical eyebrows. _____

I am aware that generally technician does not go outside of the lip line with color. All applications are to make me look like I have natural beautiful lips and not like I am wearing heavy makeup. If there is any uneven pigmentation in my lips (blue, brown or darker spots), these darker areas will pull darker color and my lip color will look uneven. When I am warm, my lips will appear pinker; and when I am cold, my lips will appear bluer. _____

I am aware that technician will not perform any procedure that WE ARE NOT in full agreement with the design of eyeliner, brows, lips, areola, or hair. _____

SIGNATURE: _____ **PRINT**
NAME: _____ **DATE:** _____

Microblading Expert and Permanent Makeup by Valentina Makeup Policies

WHEN SCHEDULING, PLEASE BE AWARE OF THE FOLLOWING:

Permanent makeup/tattoo is a TWO-appointment procedure:

1. First appointment - is the actual procedure (approximately 2-2,5 hours);
2. Second appointment - is the one-month post-procedure refinement (approximately 1,5 hour).

Depending on your skin you may also need an extra touch up. (that is not the technicians responsibility)

An approximate two-hour or longer block of time is reserved for your tattoo/permanent makeup procedure. A non-refundable deposit of \$50.00 is required to secure actual procedure appointment. This deposit is required when procedure appointment is booked. Deposit is applied toward balance.

Please do not bring children or pets to your appointment.

Please arrive 15 minutes prior to your appointment. A late arrival may require rescheduling your appointment, with respect to the clients that are scheduled after you.

24 Hour Cancellation/No-Show/Rescheduling Policy: Your appointments are very important to us. Time allocated for an appointment is reserved especially for you. We ask that appointments to be guaranteed against late cancellation or rescheduling with a credit card. We have to cancel your appointment if you are late for 15 minutes. If you miss an appointment without calling at least 24 hours in advance there will be charged \$50.00.

Forms of Payment: We accept cash, personal checks, Visa, MasterCard, American Express, Discover credit cards for payment. Prices are subject to change without notice. Please provide your credit card information when you make a consultation appointment.

If I cannot tolerate the procedure and the technician cannot finish the procedure I will be charged a set-up fee for the procedure. This fee will be \$100.00. (Exceptions could be made if you paid through a third party website)

Prior Tattoo/Permanent Makeup: If you have had tattoo/permanent makeup applied previously, the technician will not be responsible for color inconstancy, fading, or any other problem relating to the new procedure. Your procedure is NOT considered a "touch-up" for the new technician. We do not know what pigments were used, if your needles were properly disposed, if cross contamination occurred, or any other hazardous behavior was displayed. Full price fees will be charged for each procedure.

CLIENTS WHO HAVE HAD PERMANENT MAKEUP PERFORMED BY ANOTHER TECHNICIAN WILL BE CHARGED THE FULL PRICE OF A PROCEDURE. There are reasons. It is always harder to correct someone's work than to do work on untouched skin.

SIGNATURE: _____

If you ever have had a cold sore, you must take Zovirax, Valtrex, or other anti-viral pre and post procedure to prevent the outbreak of cold sores. If you do have an outbreak, it will usually occur on the 2nd-3rd day after application as well as after each color refresher. It is not technician responsibility if you have a cold sore outbreak after the tattoo/permanent makeup application, the treatment payment will not be refunded.

Follow-Up (Touch-Up) Procedures: The touch-up appointment is considered to be the second visit within our company for the same procedure only. If someone else did your tattoo/permanent makeup, you are not qualified for free follow-up until you have had an initial procedure done with Microblading Expert and Permanent Makeup by Valentina.

Any follow-up appointment that is scheduled longer than 8 (eight) weeks after your initial appointment is no longer considered a follow up.

If you miss your touch-up appointment TWICE without 24 hours notice, your appointment is considered canceled. Additional appointment is \$200.00. Additional charge of \$50.00 will be applied according to our 24 Hour Cancellation/No-Show/Rescheduling Policy.

SIGNATURE: _____ **PRINT**
NAME: _____ **DATE:** _____

Color corrective procedure: Color will fade/soften up to 50% or more. The touch-up will enhance any area that has faded; healing is specific to each client. It is important to understand that you will need a color boost every 1 2 years to maintain it's fresh natural appearance.

This establishment has a “No Refund Policy” and I am aware of this.

I accept Microblading Expert and Permanent Makeup by Valentina policies, terms, and conditions.

I am honest with all of my answers on my Medical Consent form.

Noncompliance with information in this Consent will compromise my results.

I have read and agree to all of the above issues. If I have any questions or concerns I will phone the office at (310) 356-7392.

SIGNATURE: _____ **PRINT**
NAME: _____ **DATE:** _____

www.valentinampm.com

info@valentinampm.com

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