



CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR PERMANENT MAKEUP

Name: _____ DOB: _____ Age: _____ Phone: _____

Address: _____ Email: _____

Emergency Contact/Relationship/Phone: _____

How did you hear about our permanent makeup services? _____

Are you currently wearing lash extensions of any kind? Yes No

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

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

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

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

Have you ever had a cold sore/fever blister? Yes No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore/fever blister.

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

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

Physician's Name: _____

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

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

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

What would you like to improve about your eyebrows and/or lash line? 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 microblading and/or 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 your 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 aftercare procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client's Name: _____ Client's Signature: _____ Date: _____

Technician's Name: Jeanie Soper Technician's Signature: _____ Date: _____



PERMANENT MAKEUP PRE-PROCEDURE INFO/ADVICE

Please read the following advice carefully and sign at the end:

- Permanent makeup procedures normally require multiple treatment sessions. For best results, clients will be required to return for at least one finishing session. This will take place 5-7 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will typically reduce by 30-50%.
- Although numbing cream/solution is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red, bruised and/or swollen after the procedure.
- Please do not drink alcohol 24 hours prior to the treatment.
- Unless medically necessary, please avoid taking things that thin the blood like fish oils, herbals, Vitamin E, aspirins, and/or ibuprofen and do not donate plasma in the 7 days prior to procedure.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard.
- A patch test can be performed, unless waived by client. It is the client's responsibility to schedule this at least one week prior to procedure.
- Patients prone to cold sores/fever blisters should take an anti-viral prior to treatment if treatment is near lip area.
- Hormone therapies can affect pigmentation and/or cause sensitivity.
- Discontinue use of any brow- or lash-growth serums such as Latisse or RevitaLash, as it can cause sensitivity/affects pigment retention.
- Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure.
- **Specifically for microblading/PMU brow procedures:**
 - Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure.
 - No electrolysis for at least 5 days before the procedure.
 - Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure.
 - Chemical and laser peels should be avoided no less than 6 weeks prior to procedure.

Topical Anesthetic Advice:

- **Allergic reaction** can occur from any anesthetics (lidocaine) used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.
- **Numbness** – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- **IMPORTANT – For PMU Eyeliner/Lash Enhancement Procedure: Although not very common, topical lidocaine used during the procedure can cause temporary pupil dilation especially in clients with lighter-colored eyes. This results in blurriness of vision for a few to several hours following the procedure. For this reason, we urge all clients as a precaution to plan for another person to drive them home. You will be asked to sign and initial that you have a backup ride from the spa in the case of said dilation/blurriness of vision, if necessary, on the day of the procedure before lidocaine is applied.**

Contraindications for Permanent Makeup (circle if applicable):

- | | |
|---|--|
| • Liver disease – high risk of infection | • Retinoid/AHA/BHA within last two weeks (near brow area) |
| • Pregnancy/Nursing | • Blood-thinning medications/substances or plasma donation within 7 days |
| • Compromised skin near brow/eye area | • Lash extensions (permanent eyeliner only) |
| • Chemotherapy/Radiation | |
| • Skin conditions like psoriasis, dermatitis, active herpes outbreak, etc. near the brow/eye area | |

*The following medical conditions require a note from your doctor giving consent (circle if applicable):

- | | |
|-------------------------|--|
| • Diabetes Type 1 and 2 | • Thyroid / Graves' disease |
| • High blood pressure | • Any other medical condition that causes slow healing or a high risk of infection |
| • Auto-immune disease | |

I have read and fully understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the permanent makeup procedure. I agree to follow pre- and post-procedure advice closely.

Client Name: _____ Signature: _____ Date: _____

Technician's Name: Jeanie Soper Signature: _____ Date: _____



PERMANENT MAKEUP PRE-PROCEDURE INFO/ADVICE CONTINUED

Please read the following information carefully and sign at the end:

What To Expect On The Day of Procedure:

Microblading/PMU Brows Procedure – When you arrive at your appointment, a brow map will be customized by a series of horizontal, vertical, and diagonal lines, based on your skin's proportions and drawn on with an oil-based crayon, thus, framing the area within which hair-like strokes, shading, and/or a combination of both will be micro-pigmented/tattooed into the dermis of the skin. (See for For Either Procedure)

Permanent Eyeliner/Lash Enhancement Procedure – Please arrive at your appointment without ANY eye makeup/cosmetics **INCLUDING LASH EXTENSIONS**. A thick layer of numbing cream will be applied and allowed to penetrate and take effect for 20-30 minutes. After the anesthetic is carefully removed, a map will be pre-drawn with an oil-based crayon, demonstrating the area that will be micro-pigmented/tattooed into the dermis of the skin. (See for For Either Procedure)

· **As a reminder:** Although not very common, topical lidocaine used during the procedure can cause temporary pupil dilation especially in clients with lighter-colored eyes. This results in blurriness of vision for a few to several hours following the procedure. For this reason, we urge all clients as a precaution to plan for another person to drive them home. You will be asked to sign and initial that you have a backup ride from the spa in the case of said dilation/blurriness of vision, if necessary, on the day of the procedure before lidocaine is applied.

For EITHER PROCEDURE – Before any tattooing occurs, you will sign off on said map/pre-draw along with the color of pigment demonstrated by its application to the forehead. After signing, the micro-pigmentation procedure will begin, one side at a time, using a rotary pen, equipped with a sterilized, disposable needle cartridge(s). Between passes - starting after the first - a numbing solution of lidocaine will be applied to add to comfort level. The products are formulated to be perfectly safe and can be purchased over the counter from most pharmacy/chemist. As a result of the treatment, combined with the use of the anesthetic, you can expect to experience some redness/swelling that can last 1-4 days. Pigment will be wiped throughout the procedure, and your technician will keep you informed on the progress. Before and after photos will be taken if/when photo release is signed. You must always follow your post procedure advice and after care for the best results.

I have read and fully understood the above information regarding the process of the procedure to be received. If receiving permanent eyeliner/lash enhancement, I understand the topical anesthetic risks may include possible pupil dilation and subsequent blurriness of vision to follow, and therefore, I agree to plan for an alternative ride from the facility following the procedure.

Client Name: _____ Signature: _____ Date: _____

Technician's Name: Jeanie Soper Signature: _____ Date: _____



INFORMED CONSENT FOR PERMANENT MAKEUP

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 pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

If an unforeseen condition arises during the course of the procedure, I authorize the technician to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the permanent make-up procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may significantly fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

The result of the procedure can be affected by the following: medication, age, sun exposure, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

BROW PROCEDURES: I understand that with oily skin types, strokes can heal less crisp, expanded and/or blurry and may result in a powder-brow effect.

Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brow/eye area.

I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of aftercare details.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. 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. 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. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure _____ (initial)

The FDA does not approve any tattoo inks or pigments. There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered; however, it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. **Patch test must be performed at consultation!**

INITIAL ONE OR THE OTHER, NOT BOTH:

I consent _____ (initial) to the patch test, OR I waive _____ (initial) the patch test.

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent makeup procedure. I acknowledge some of these potential adverse changes may not be correctable. _____ (initial)

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic permanent pigmentation work done. I, _____, give Western Racquet & Fitness Club permission to perform my permanent makeup procedure.

Client Name: _____ Client Signature: _____ Date: _____

Technician's Name: Jeanie Soper Signature: _____ Date: _____



PERMANENT MAKEUP CLIENT PHOTO RELEASE AGREEMENT

Client Name: _____

I hereby consent to and authorize the use by Western Racquet & Fitness Club and Jeanie Soper of the specified permanent makeup photographs and/or video; that is, photographs taken before, during and after my permanent makeup procedure.

I understand that my identity will be protected and my name will not be used in conjunction with the photographs and/or video.

Western Racquet & Fitness Club and Jeanie Soper have explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that Western Racquet & Fitness Club and Jeanie Soper request to be used and it is understood that these photos may be used on their web sites, social media accounts (Facebook, Instagram, Twitter, etc.), and in-office for demonstrative and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify Western Racquet & Fitness Club and/or Jeanie Soper in writing and allow 30 days to accomplish this removal.

I now release Western Racquet & Fitness Club and anyone authorized by Western Racquet & Fitness Club, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

Client Printed Name

Client Signature

Date

Technician Signature

Date



MICROBLADING/PMU BROWS FEES & POLICIES

Please read **thoroughly** and **carefully** and initial or sign where indicated.

- A 30-minute consultation is required prior to having the microblading/permanent brow makeup service.
- The cost of the microblading/permanent brow makeup procedure is \$450 – includes the initial session and finishing session 5-7 weeks later.
- A **\$150 retainer fee** is required to schedule your procedure, but will be applied toward your final total. This is **non-refundable** as we are reserving a large time slot especially for you.
- Please do not book this appointment if you are not **100% sure** that you want to have this procedure done! It is okay to take your time to think about it!
- If you do book the appointment and **cancel** for any reason, your retainer fee will **NOT** be refunded.
- We understand that schedules sometimes change. If you need to **reschedule** your appointment for any reason, you may keep your deposit on the appointment **if we are given 5 business days' notice**. If we do not have 5 business days' notice, **we will unfortunately need to collect another \$150 deposit** to schedule another session, as a short notice rescheduling does not give us enough time to fill the spot and the facility loses time.
- Scheduled appointments for the finishing session procedure require **48 hours' notice for cancellation or rescheduling!** The finishing service is included in the original price **ONLY** when performed **within 8 weeks** after the initial session. Outside 8 weeks, **or if appointments are missed**, an additional charge will be incurred.

_____ I acknowledge that I have read and fully understand the policies.

_____ I understand that if I cancel this appointment within 5 business days of my appointment, I will not get the \$150 retainer fee back.

_____ I understand that if I need to reschedule the appointment, I need to give a minimum of 5 business days' notice, otherwise I will be required to pay an additional \$150 retainer fee to re-book the appointment.

By signing this form, I am acknowledging that I have read and fully understand the policies. Any questions I have regarding the policies have been answered and explained to me.

Client Printed Name

Client Signature

Date

Technician Signature

Date



MICROBLADING/PMU BROWS AFTER CARE INSTRUCTIONS & WHAT TO EXPECT

AFTER CARE INSTRUCTIONS

Please follow these instructions after the procedure to improve and prolong the results of your microblading/permanent brow makeup. If you don't follow these instructions, it can greatly affect your results or put you at risk for infection or scarring or loss of pigmentation!

Items you will need for immediately after the procedure: antibacterial soap with a pump (i.e. Dial Gold), sterile gauze, bottled water

Avoid getting anything on the brows, including water, except for cleansing as directed. For the first day after your procedure, please gently blot your brows **every hour** using sterile gauze and a little bit of bottled/distilled water, to remove any excess lymph fluids. You can set an alarm on your phone to help remind you. This is very important to minimize scabbing and allow for better pigment retention!

Cleansing: In 2-3 hours, wash lightly with slightly damp Q-tips and antibacterial soap. Repeat this washing, very gently every 3 additional hours until bedtime. When washing, it should be very gentle and with hardly any water and with a tapping motion, **no rubbing**. Please avoid saturating brows with water. Beginning tomorrow, you may **very sparingly** apply a super thin application of aftercare balm (which I will provide), using a clean Q-tip – morning and night. This will hydrate your brow area for dryness relief. **Do not pick or rub the brows**. The scabs/flakes must fall off on their own or you will risk removing the color and possibly scarring.

- Do not soak the treated area in the bath, pool or hot tub. For 30 days, refrain from swimming in salt water or chlorinated pools, saunas, hot yoga, steam rooms or sun beds.
- **No exercise for 14 days.** After 14 days – when exercising, wear a sweatband to avoid sweat on brow area.
- Do not expose treated area to direct sunlight. After healed (30 days), use a sunscreen to avoid fading from the sun.
- **No makeup** should be applied directly on the brows during the healing process. After the brows have healed (14 days, OR after the scab/skin flakes off) you may wear brow makeup at that time.
- No other products should touch the brows during healing, other than the soap and the aftercare balm.
- **Do not touch, rub, pick or scratch** your brows following treatment or during healing process.
- You may find that your eyebrows will scab or become slightly dry following the treatment. If they itch, **DO NOT SCRATCH** them. You may tap them to alleviate the itch.
- If your eyebrows get wet during the healing process, pat them dry with a towel, **DO NOT RUB**.
- Avoid using daily skincare products directly on the eyebrows.
- If you are planning a chemical peel, or any other medical procedure, please inform therapist of the procedure you have had. Procedure should only be done once the healing process is complete.
- If you are due to give blood after the procedure, please inform your nurse about the microblading/PMU brow treatment you have had as this might alter the results.

• **Call or email Jeanie Soper at with any questions or concerns:**

• **Jeanie.Soper@WesternRacquet.com — (920) 497-1161**

WHAT TO EXPECT

Initially, your brows will appear more bold than usual. This is because we have enhanced the brows, deposited pigment in the skin, and typically, made them appear fuller. Over the next few days after the procedure, your brows may darken during the healing process. This is normal and this is not the way they will necessarily remain. Around 4-10 days, you may notice some flaking/shedding of the skin near the brow area. Think of this is very small “scabs” falling off the skin now that the skin underneath has healed. When the skin flakes off, many times the pigmented strokes appear very light or sometimes it seems that they have disappeared. THIS IS NORMAL! This is because there is still a thick layer of protective skin creating a veil over the pigment. Once you go through a skin cycle (4-6 weeks) the pigment will typically reappear but will be about 30-50% lighter than it was immediately after the procedure.