

Consultation Form

Why do you want to have permanent cosmetics?_____

How long have you been thinking about having permanent cosmetics _____

Do you want the procedure before your summer holiday?_____

Where did you find Permanent Cosmetics? I.e. Internet search /Friend/Salon/Clinic/Doctor referral/advertisement/TV/flyer or other_____

Please read these statements carefully

- Permanent cosmetic are a form of tattooing.
- Re touch procedures may be required.
- A healing period of 4 to 6 weeks is required before a re touch procedure can be performed.
- On rare occasions the pigment may migrate under the skin.
- Application of permanent cosmetics can be painful.
- The pigments will fade.
- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.
- There may be immediate or delayed allergic reaction to pigments. However, allergic reaction is extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Infections can occur.
- Allergic reactions to anaesthetics can occur.
- There will be swelling and redness following the procedure.
- You may experience minor bleeding.
- Clients receiving treatment for eyeliner should have some one drive them home.
- Corneal abrasion may occur during eyeliner procedures. However, corneal abrasion is rare.
- Clients receiving lip procedures who have had previous problems with cold sores/herpes may have an outbreak following the procedure. Anti herpes medication is available over the counter or on prescription and has been shown to prevent or minimize such outbreaks.
- Lip procedures will appear dry and flaky for one week following the procedure.
- Camouflage procedures are experimental in nature.
- Camouflage procedures require skin colour matching tests before the procedure commences.
- There are few effective methods for pigment removal.
- If you have an MRI scan within 3 months your permanent cosmetics procedure we recommend that you discuss this with your doctor.
- Possible scarring, inconsistency of colour and loss of eyelashes may occur.

This information is not intended to alarm you. However, it is imperative that you are informed of the risks involved.

I have read and understood the above information

Client Name.....Signature.....Date.....

Technician Name.....Signature.....Date.....

Medical Health Form

Name: _____

Address: _____

_____ Post Code _____

Date of Birth: _____ Occupation: _____

Phone No.: _____ (Home and mobile)

Phone No.: _____ (Work)

Email: _____

List all the medications you have been taking in the last 6 months

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Coumandin, Alcohol?

Have you had Covid vaccine? if so when? -----

Have you received chemotherapy or radiation treatment in the last year? _____

Please answer all the following questions:

Name of Doctor: _____ Surgery: _____

Allergies: have you ever had an allergic reaction to any of the following:

Lanolin	Latex Rubber	Vaseline
Medication	Metals	hair dyes
Drugs		

		Foods
Lidocaine		
Paints	Crayons	Glycerine

Anaesthetics or Adrenaline (which ones) _____

Other allergies (list) _____

I have read and agree and understood the above information:-

Client Name.....Signature.....Date.....

Technician Name.....Signature.....Date

Tick the following conditions that apply if current, intermittent or past history.			Date Diagnosed or experienced
Abnormal Heart Condition		Cold Sores (herpes simplex)	
Artificial Heart Valves		Anaemia	
Cancer		Tuberculosis	
Circulatory Problems		Diabetes	
Epilepsy		Fainting Spells or Dizziness	
Fibromyalgia		Lupus	
Glaucoma		Menopausal	
Haemophilia		Prolonged Bleeding	
High Blood Pressure		Low Blood Pressure	
Immunodeficiency		Myasthenia gravis	
IVF Medication		MS/ME	
Kidney Disease		Heart Murmur	
Mitral Valve Prolapse		Hepatitis	
Pregnancy/Breast feeding		Palpitations	
Prosthetic Hip or Joint		Pacemaker	
Rheumatic Fever		Rheumatoid arthritis	
Scleroderma		Psoriasis	
Sjogren's syndrome		Tumours, Growths or Cysts	
Stomach Ulcers		HIV/Aids	
Stroke		Liver Disease	
Thyroid Disturbances		Other:	
		Lash growth serum	
Cod liver oil			
Cataracts		Blurred Vision	
Dry Eyes		Eye Infection present	
Alopecia		Recent Hair Loss	
Watery Eyes		Contact Lenses	
Eyelid Surgery		Chapped Lips	
Trichotillomania			
Eyelash/ eyebrow tint		Other Tattoos	
Gore-Tex Implants/Silicon Injections		Cortisone within 6 months (steroid topical or injections)	
Fat Transfer Injections		Bruise or Bleed Easily	
Botox Injections		Use of Sun bed/Tanning Creams	
Collagen Injections/fillers		Chemical or laser peel within 6 months	
Facial Cosmetic Surgery		Retin A within 6 months	
Hypertrophic Scars		AHA preparations within last 2 weeks(in creams)	
Scar Easily		Sensitivity to Cosmetics	
Healing Problems		Keloid Scars	
I have read and agree and understood the above information:- Name..... Signature.....Date.....		Other: Please give details:	Therapist signature.....

General Consent and Procedure Permit

Clients Full Name _____ Mr/Mrs/Miss/Ms

Address _____

Post Code _____ DOB _____ Occupation _____

I hereby authorise Caroline Day (technician) of Caroline Day Permanent Cosmetics (clinic) to perform upon myself the following procedures _____.

If any unforeseen condition arises in the course of this procedure(s), calling in her judgement in addition to, or different from those now contemplated, I further request and authorise him/her to do whatever she seems advisable and necessary in the circumstances.

INT. _____

1. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation

INT. _____

2. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment and therefore an allergy test has been performed prior to the implantation of the pigment.

INT. _____

3. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade in between 1-2 years. Even though the colour has faded the pigment will stay in the skin indefinitely.

INT. _____

4. 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.

INT. _____

5. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that **100% success cannot** be guaranteed. I understand that this is why I need to return for a retouch procedure.

INT. _____

6. I understand that a retouch procedure will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any further work. I will book the appointment when it is convenient for both parties.

INT. _____

7. The result of the procedure is determined by the following:

- Medication/Vitamins
- Skin Characteristics - (dry, oily, sun-damaged and thickness)
- Natural skin undertones - (blending with chosen pigment)
- Personal pH balance of skin, which changes from visit to visit
- Skin creams
- Sunbeds and sunbathing
- Alcohol intake and smoking- please note smoking can slow healing down.
- Post procedure care treatment- it is down to me to follow correct aftercare

INT. _____

8. Upon completion of the procedure there may be swelling and redness of the skin, which will subside in between 1-4 days. In some cases bruising can occur. You may resume normal activities immediately following the procedure; however, using cosmetics, excessive perspiration and exposure to the sun on the affected area should be limited. See specific post-procedure instructions for details.

INT. _____

9. I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary in colour and retention according to skin tones, skin type (see 7), age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to exact effect, retention or colour can be given. Therefore, procedure fees **are non-refundable**.

INT. _____

10. I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.

INT. _____

11. 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 am at least 18 years old. I am not under the influence of drugs or alcohol.

INT. _____

12. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Should these not be followed the technician has the right to not proceed with the treatment or the complimentary session should they choose.

INT. _____

13. Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetics procedure performed by (technician) YOUR NAME. Caroline Day

INT. _____

14. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s).

INT. _____

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND I ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE PERMANENT COSMETIC/TATTOO PROCEDURES WHICH IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT AND PROCEDURE PERMIT.

I have read and agree and understood the above information:-

Client Name.....Signature.....Date.....

Therapist Signature Date

Topical Anaesthetic Form

ALLERGIC REACTION – Allergic reaction can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may display redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with allergy.

NUMBNESS – We/the technician cannot accept responsibility if the treatment area does not numb. Each individual is different according to the skin type. Some clients have reported that the area is totally numb while others say they experience some discomfort.

PROCEDURE – For all procedures a cream or gel topical anaesthetic is used. These products are perfectly safe, and can be purchased over the counter from any chemist. The anaesthetic is placed over the treatment area for between twenty to thirty minutes then carefully removed prior to treatment. Saline solution will be applied just before the treatment to help protect your eyes.

As a result of the treatment, combined with the use of the anaesthetic you can expect to experience swelling and redness that could last between one and four days. You should always follow your post procedure instructions.

For eyeliner procedures you will be asked to keep your eyes closed throughout the numbing period. If for some reason the anaesthetic gets into the eye, you must advise your technician at once. It is not harmful to the eye although you will experience some stinging and slight discomfort. The cream will be removed and your eyes will be immediately flushed with a sterile saline solution. It is then safe for the technician to reapply the anaesthetic.

NOTE: If you experience stinging in the eyes and do not inform your technician immediately, the anaesthetic may numb the eyeball, and a possible corneal abrasion may occur. This can result in a temporary streaming and light sensitivity of the eyes. You may be unable to open your eyes and each time you blink it may be painful, and temporary blurry vision may occur. Corneal abrasion, however, is rare. If you experience any of these symptoms, inform your technician and visit your doctor immediately.

I have read and fully understood the above and the risks involved with the use of topical anaesthetic and consent to the use of the anaesthetic for the Permanent Cosmetic procedure.

I have read and agree and understood the above information:-

Client Name.....Signature.....Date.....

Technician Name.....Signature.....Date.....

Pre Procedure Advice

Permanent cosmetics procedures normally require multiple treatment sessions. For best results, clients will be required to return for at least one touch up procedure between four and six weeks after the initial procedure.

Be prepared for the colour intensity to be significantly sharper and darker immediately after the procedure. This will subside and become lighter as the tissue heals. This process can take up to ten days.

Advice for Eyebrows, Lips, Eyeliner & Areola Procedures

- **It is advisable to wait 2 weeks Before you have had the Covid vaccine and 3 weeks after the vaccine before you have permanent make up**
- **Please re arrange your appointment should you show any signs of Covid symptoms .**
- **Please also rearrange if you feel you are getting a common cold, sore throat, cough or infection.**
- **You must stop eyelash & eyebrow growth serum at least 3 months before the procedure**
- Since delicate skin or sensitive areas may be swollen or red, it is advised not to make social plans for the same day. however in most cases it settles down within a few hours.
- It is advisable not to do any exercise or gym work on the day of the treatment as it will accelerate blood flow to the area to be treated..
- Please do not wear normal makeup such as foundation and mascara to the treatment unless you have not had a consultation and your technician would like to see your day to day look.
- Do not take aspirin, Ibuprofen or Coumadin for 2 days before and 2 days after the procedure.
- Do not discontinue any medication before consulting your doctor.
- Stop taking cod liver oil / fish oils at least a month before unless your Dr has prescribed them
- Do not drink alcohol the night before your treatment.
- Pre treatment -do not drink caffeine the day of your treatment
- A patch test will be performed at least 48 hours before your treatment
- Do not sunbath or use fake tan. If you are already tanned wait until your natural colour has returned before having this procedure.
- Any waxing or threading should be performed at least 72 hours before the procedure:
Electrolysis no less than five days before the procedure.
- Eyebrow tinting should not be undertaken for two weeks prior to the procedure.
- No skin peels or micro-dermabrasion 4 weeks prior to treatment
- Do not use Products with Retinal A or Vit C or AHA. Even Boots perfect contain these

Signed Name Date

Doctor's Consent Form
Caroline Day Permanent Cosmetics

Dear

Your patienthas contacted me with a view to receiving a Micropigmentation procedure to create a permanent makeup enhancement.

Micropigmentation is an advanced form of medical tattooing in which mineral pigment is implanted into the upper dermis of the skin using tiny needles. A fully qualified technician trained to Signature Academy of Permanent Makeup Ltd standards, which are approved by the Society of Permanent Cosmetic Professionals, will carry out the treatment.

If you feel that the procedure would have no detrimental effect to the health of your patient, I would be grateful if you could please complete the details below or alternatively provide a letter of consent.

Surgery Name _____

Address _____

Doctor's Name _____

I understand that (patient's name) _____

Is to receive permanent cosmetics on the following areawhich is a form of tattooing. I have considered my patient's medical condition and feel that this procedure will have no detrimental effect to his/ her health.

Signed _____

Date _____

Yours Sincerely
Caroline Day