

CLIENT HISTORY FORM

Name			Date	Gender Female / Male			Age
Address			City	State			Postal Code
Employer / Occupation			Home Phone			Cell Phone	
How did you select me for your procedure services?			E-Mail				
1	YES	NO	Are you pregnant or nursing?	27	YES	NO	Do you have eczema, rosacea, dermatitis or alopecia?
2	YES	NO	Have you had any alcohol in the last 24 hours?	28	YES	NO	Do you consume aspirin daily?
3	YES	NO	Have you ever had cold sores or fever blisters?	29	YES	NO	Are you using any eyelash or eyebrow growth serums?
4	YES	NO	Do you have any allergies to latex?	30	YES	NO	Do you have any type of herpes?
5	YES	NO	Have you had a laser or chemical peel within 6 months?	31	YES	NO	Are you sensitive to petroleum-based products?
6	YES	NO	Have you ever had any permanent cosmetics or tattoos applied?	32	YES	NO	If you have permanent cosmetics or tattoos, did you have any problems with healing after they were applied?
7	YES	NO	Do you bruise easily for no obvious reason?	33	YES	NO	Are you undergoing radiation or chemo-therapy treatment?
8	YES	NO	Do you routinely use Retin-A, glycolic, or other exfoliating products?	34	YES	NO	Are you now, or have you ever been on the acne treatment Accutane?
9	YES	NO	Do you wear contact lenses?	35	YES	NO	Are you wearing a pacemaker?
10	YES	NO	Are you allergic or sensitive to any metals, for instance metals used for jewelry?	36	YES	NO	Do you take prescription drugs?
11	YES	NO	Do you have any problems healing?	37	YES	NO	Are you anemic?
12	YES	NO	Is your skin oily?	38	YES	NO	Do you have a history of skin sensitivities?
13	YES	NO	Do you use tobacco? If you use tobacco you may heal slower and this affects the timing on scheduling a touchup appointment, if applicable.	39	YES	NO	Do you have any medical condition that has resulted in a medical professional requiring you to pre-medicate with an antibiotic prior to a dental or other invasive procedures?
14	YES	NO	Do you have any heart conditions?	40	YES	NO	Do you have allergies to makeup?
15	YES	NO	Are you diabetic? If so, Type 1 or Type 2?	41	YES	NO	Do you have dry eyes?
16	YES	NO	Do you have any autoimmune disorders?	42	YES	NO	Do you intentionally tan – Direct sun or tanning bed?
17	YES	NO	Are you sensitive or allergic to hand creams or body lotions?	43	YES	NO	Do you personally have any history of cancer?
18	YES	NO	Do you wear contact lenses?	44	YES	NO	Do you have a history of stroke or heart attack?
19	YES	NO	Do you have botox injections?	45	YES	NO	To your knowledge are you allergic or resistant to over the counter level numbing products such as EMLA?
20	YES	NO	Do you menstruate? If yes: Next cycle date _____	46	YES	NO	Do you hypo-pigment? (Lack of pigment on the skin)?
21	YES	NO	Do you hyper-pigment? (Tendency to develop dark spots on the skin from wounds or sun)?	47	YES	NO	Are you allergic to hair dyes?
22	YES	NO	Do you tend to develop keloid or hypertrophic scars?	48	YES	NO	Do you have glaucoma or any other eye disease?
23	YES	NO	Do you scar easily from minor skin injuries?	49	YES	NO	Do you have arthritis?
24	YES	NO	Do you have any seizure related conditions?	50	YES	NO	Do you have high or low blood pressure?
25	YES	NO	Do you have a tendency to faint or become dizzy?	51	YES	NO	Do you have sinus problems?
26	YES	NO	Do you bleed excessively from minor cuts?	52	YES	NO	Have you experienced Hepatitis or Jaundice during the past 12 months?

If you answered "Yes" to any questions above, use the reverse side of this form to provide an explanation. Correlate your explanations to a specific question number. A "yes" answer does not indicate you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to me as your technician as each person's body is unique, or it may indicate that based on any health conditions that affect healing, it would be advisable or required for you to consult with your physician before proceeding. If this form has not addressed a medical condition you have, please list it on the back.

Client Signature _____ Date _____

About Face, Inc
Tina Rodriguez, CPCP



Confidential Client Information

Name: _____ Date _____ Age _____ Date of Birth: _____

Email: _____ Cell phone/best contact # _____

Check any procedures desired:

Full Eyebrows _____ Partial Eyebrows _____ Color/Shape Correction _____

Upper eyeliner _____ Lower Eyeliner _____ Touch-up _____ Patch Test _____

Explain your desired results:

Thank you for choosing Tina Rodriguez to apply your permanent makeup. Tina is committed to provide you with excellent and natural results. Your safety and satisfaction is important. Please feel free to ask any questions.

Instructions

This is an informed consent document that has been prepared to inform you about permanent makeup procedures, the alternatives, and the few risks that are associated. You may ask any questions about the procedures and Tina Rodriguez will provide you with answers to the best of her ability. It is important that you read the information carefully and completely.

Introduction

Permanent Makeup, also known as micropigmentation, is a method of inserting small amounts of pigment into the dermal layer of the skin in order to enhance facial features such as eyebrows, eyes, lips, and provide scar camouflage. It helps to replenish what time has taken away, gives back precious time you normally spend "putting on your face", and allows you to wake up feeling good about the way you look. It is the solution for the busy person who is tired of fussing with makeup smears, for those not so adept at applying makeup, for the athlete or outdoor person who does not want to look bare, and for those with oily skin whose makeup tends to disappear after a short time. It is also helpful to those who are allergic to conventional cosmetics, those with visual impairment, watery eyes, and those with unsteady or arthritic hands that have difficulty applying makeup.

You will receive a consultation to determine the colour and shape of the permanent makeup you desire. Factors such as your makeup style, skin tone, hair colour, and desired outcome will be considered to determine the design of the permanent makeup that will be most flattering and suitable for you.

Experience has proven these procedures to be very safe, however, there are uncommon risks that you should consider before proceeding with the procedure. You should balance these rare risks with the benefits of the convenience of permanent makeup.

What to expect

A thorough consultation will be given to establish design, goals and what to expect. Before the procedure, a topical anesthetic is applied to the area to be treated to numb your skin. Next, the permanent makeup is applied according to the desired results discussed during the consultation. Immediately after, your skin might be slightly tender and normal activities may be resumed. At first, the permanent makeup will appear bold or dark. After 7-10 days, it will look very natural and you may apply other makeup/product on top of the treated area such as sunscreen, eyeshadow, or mascara. Aftercare instructions are provided to guide you during the healing of your skin and will ensure a beautifully healed area. Sun tanning and swimming should be avoided for at least 10 days post-procedure. Within four months, you may return for a touch-up to make any changes or adjustments to the design or colour.

Benefits of Permanent Makeup

The most obvious benefits are: convenience, having a finished look 24 hours a day, ability to perform activities without smudging make-up, assistance to persons with vision problems, ability to reshape certain facial features for a more pleasing aesthetic appearance, replacement of lost hairs due to alopecia, chemotherapy, accidents or cosmetics surgery.

Expectations

The result of your permanent makeup will be based on the health and quality of your skin. Results will vary person to person with the rule of thumb being: the less sensitive, smoother and higher the quality your the skin, the better the results will be. Persons who have thin skin that bleeds easily, sensitive skin, on medications, have large pores, uneven surface, thick bumpy skin, wrinkly skin, inability to hold still, scarring, existing permanent makeup, and lack of proper aftercare will have less than desirable or poor results. Further appointments to improve the results can be elected by the client and billed at an additional touchup cost.

Alternatives

The obvious alternatives would be traditional cosmetics such as eyebrow pencils, eyeliner, or camouflage makeup.

Risks

Every cosmetic skin procedure involves a very small degree of risk and, although exceedingly uncommon, it is important that you understand and accept the rare risks involved with Permanent Cosmetic Makeup. An individual's informed decision to undergo any cosmetic procedure is based upon a comparison of the risks to potential benefits, alternatives, and cost.

Discomfort

With these treatments, you may experience a minor and tolerable degree of scratching/pricking. A topical anesthetic is used to reduce discomfort and promote relaxation.

Tenderness

The treated area may be slightly tender immediately following the procedure. Tenderness will diminish within a few days post-treatment.

Permanency and Removal

Permanent makeup is long lasting and can last anywhere between 1-5 years depending on the color, placement, and your skin type. The most effective and safe removal option is performed by laser tattoo removal offered by specialist. If you have existing permanent makeup and need corrective work, Tina Rodriguez will advise you of your best options. Tina Rodriguez does not perform any removal or laser tattoo removal services.

Allergies

Topical anesthetic, nickel metal of tattoo needles, pigments, or components in pigment bottles can trigger allergies. Allergic reaction to pigments is rare, however, there have been a few cases reported of an allergic reaction at the time of laser tattoo removal, even though the person had the tattoo for several years with no previous problems.

Skin /Wound Infections

All instruments that enter the skin or come in contact with body fluids are pre-sterilized, disposable and disposed after use. Cross contamination guidelines are strictly adhered.

Skin/wound infections could result from the use of unclean equipment and supplies, or contracted elsewhere during the healing period. Most often, this is the result of client failure to protect the treated area from an unclean environment, touching the area with fingers, or from bacteria in makeup/ facial products used at home. If you have a couple of days of pain-free normal healing after a procedure, then on the third or fourth day burning pain begins with the presence of a thick yellow discharge, you may have an infection. This can be treated with oral antibiotics and/or topically with products. Please see your doctor if you suspect an infection.

Previous Permanent Makeup

Persons and cases with existing permanent makeup are more challenging since shape or color correction is often necessary followed up with additional appointment(s) to achieve desired results. If you have previous permanent makeup, Tina Rodriguez may or may not be able to improve the existing results and the procedure may be billed at additional costs.

Infectious Diseases

Preventable by the use of pre-sterilized equipment, clean supplies and gloves, and non-contamination of pigment bottles.

Fading and Maintenance

Over time, your permanent makeup will fade due to many factors such as: natural skin exfoliation, sun exposure, medications and the use of creams/chemicals. To maintain the colour and shape it is recommended to touchup the treated area every 1-2 years. A good indication of needing maintenance is when you start having to add to your permanent makeup with pencil or other cosmetics.

About poor candidates

Tina's goal is to ensure that you receive the best results from your treatment. To achieve the best results, your eyebrow or eyelid skin must be healthy, strong, and non-irritated.

Unfortunately, not all clients are good candidates for permanent makeup due to their compromised skin condition or pre-existing medical conditions.

If you have any of the below conditions, you are not a good candidate and may have poor results

1. **Ingrown hairs and open bumps on eyebrow:** Injured/inflamed skin cannot be tattooed
2. **Eczema (Constant flaking/itching/irritation/shedding of skin):** Skin is not healthy
3. **Psoriasis (Constant flaking/itching/irritation/shedding of skin):** Skin is not healthy
4. **Dermatitis (Constant flaking/itching/irritation/shedding of skin):** Skin is not healthy
5. **Rosacea (chronic acne-like skin indicated by redness)** Skin bleeds easy and will not retain pigment well
6. **Have moles/raised areas in or around the brow/eye area:** Anything raised will not retain color
7. **Deep wrinkles in the brow area:** The hair strokes will not lay properly in the creases, giving the eyebrows an uneven look
8. **Hair transplant for your eyebrows:** Pigment will not take in the scar tissue where the plugs were placed
9. **Shingles:** Permanent makeup will not be performed as the procedure could cause a flare-up
10. **Fitzpatrick Skin types 1 (red heads/translucent skin/light eyes):** Due to hypersensitivity and thinness, this skin type bleeds very easily and does not take the pigment well.
11. **Accutane (acne medication) within the last year:** Skin composition is altered and will not heal well. Must wait 1 year before applying permanent makeup.
12. **Retinol or Vitamin A user:** Skin composition is altered and will not heal well. Must discontinue use 1 month prior to treatment
13. **Extremely thin skin:** Transparent or translucent bleeds easily and cannot hold pigment due to its thinness
14. **If you come in with a tan or sunburn:** skin is not normal color and is/or damaged
15. **Use of Latisse or any eyelash/eyebrow growth conditioner:** Hair follicles are hypersensitive and will bleed easily. Use must discontinued for 2 months prior to any procedure
16. **Have face/body dismorphic disorder and require perfectly symmetrical eyebrow:** expectations cannot be met

MEDICAL CONDITIONS:

1. **Pregnant or nursing:** at risk and sensitive due to change in hormones
2. **Hemophilia:** high risk- cannot stop bleeding
3. **Heart Conditions/Pace Maker/Defibrillator** (No exceptions): high risk and on blood thinning medications
4. **Body runs hot:** increased bleeding which prevents pigment deposit
5. **Bleeding disorders:** increased bleeding which prevents pigment deposit
6. **Thyroid condition and taking medication for this condition :** Hypo, Hyper-thyroidism, Graves Disease, Hashimoto's results in thicker skin
7. **Auto Immune Disorder such as LUPUS or Frontal Fibrosing Alopecia (MS, RA, Lupus or the like)** Due to the medicines to treat these diseases, the skin is altered and pigment will not retain. Also the facial skin is not healthy and is/or bumpy, and the color will not heal evenly
8. **Trichotillomania**(Compulsive pulling of body hair) Due to constant pulling, scar tissue is prominent and pigment will not heal evenly/properly
9. **For eyeliner treatment: Using Glaucoma eye drops.** Eyelash follicles and eyelids are hypersensitive and will bleed easily and pigment will not retain
10. **If you are any of these medications, you will have excessive bleeding and the pigment WILL NOT retain:**

Accutane

Retin-A

Triflusal (Disgren)

Clopidogrel (Plavix)

Prasugrel (Effient)

Ticagrelor (Brilinta)

Ticlopidine (Ticlid)

Cilostazol (Pletal)

Vorapaxar (Zontivity)

Dipyridamole (Persantine)

Coumadin

Pradaxia (dabigatran)

Xarelto (rivaroxaban)

Eliquis (apixaban)

Glaucoma eyedrops

Savaysa (edoxaban)

Xalatan (latanoprost)

Lumigan® (bimatoprost)

Travatan Z® (Travoprost)

Zioptan

INITIAL

Consent for Permanent Cosmetic Makeup Procedure

- _____ 1. I have received and reviewed this informed consent document for Permanent Cosmetic Makeup.
- _____ 2. I am over 18, **not pregnant or nursing**, and desire Tina Rodriguez to perform the elective cosmetic pigmentation procedure, understanding that this procedure is for cosmetic purposes only and not for health reasons.
- _____ 3. I consent to the use of such topical anesthesia considered necessary or advisable. I understand that all forms of anesthesia involve risk, the possibility of complications and allergic reaction.
- _____ 4. I understand that the color outcome may be slightly modified due to the undertone and health of my skin. I am aware that individual result will vary depending on a variety of factors such as age, degree of sun damage, skin tone, skin texture, excessively dry or oily skin conditions, amount of bleeding if any, medications, botox use, metabolism, and facial surgery.
- _____ 5. I understand if my skin bleeds easily, am on medications, have large pores, uneven surface, thick bumpy skin, wrinkly skin, have an inability to hold still, scarring, have existing permanent makeup, lack of proper aftercare, I will have less than desirable or poor results. Further appointments to improve the results will be at an additional touchup cost to be determined.
- _____ 6. I have been told that there is a chance that I may experience a corneal abrasion (eyeliner procedures) which may result in red eyes, discomfort, and/or sensitivity to light.
- _____ 7. I understand the aftercare instructions explained to me and am aware that failure to follow the instructions could result in less than satisfactory results.
- _____ 8. I understand that the permanent makeup will fade/diffuse over time due to factors such as natural skin exfoliation, sun exposure, and use of creams, chemicals or medications. I also understand that touch-ups are recommended every 1-2 years to re-enhance my permanent cosmetic makeup.
- _____ 9. I request the permanent cosmetic makeup procedure and accept the permanency of the procedure as well as the possible complications and consequences of said procedure(s).
- _____ 10. I acknowledge that no guarantees have been given to me concerning the results of the procedure(s).
- _____ 11. For the purpose of documentation, I consent to the taking of before and after photographs.
- _____ 12. It has been explained to me by About Face, Inc / Tina Rodriguez in a way that I understand:
The above procedure to be undertaken.
There may be alternative procedures or methods of treatment.
There are risks to the proposed procedure.
- _____ 13. I understand that this contract remains in effect as long as I am a client of Tina Rodriguez/About Face, Inc.

About Face, Inc
Tina Rodriguez, CPCP

I consent to the procedure(s) and the above listed items. I am satisfied with the explanation.

Signature

Printed name

Photo release:

If you would like to share your photos for the purpose of education or marketing, please sign the photo release below. Your pictures may appear in print or online:

I consent to the use of my pictures _____

Pre-Treatment Advice & Procedures

- 1) Since delicate skin or sensitive areas may swell slightly or redden, it is advised not to make social plans for the same day.
- 2) If you are having any eyebrow procedure, please wear your normal eyebrow makeup. If having an eyeliner procedure, please do not wear eyeliner makeup.
- 3) If eyelashes or eyebrows are normally dyed, do not have that procedure done within 48 hours of this procedure. Wait one week after the eyebrow or eyeliner procedure before dying lashes or brow.
- 4) If you wear contact lenses and are having eyeliner done, do not wear your contact lenses to your appointment and do not replace them until the day after the procedure.
- 5) If you are having the eyeliner procedure done, as a safety precaution, in case of watering or swelling, you may have someone available to accompany you, who could drive you home if you decide, or if it is necessary.
- 6) Two weeks prior to your procedure, please discontinue use of non-prescription medications not medically required, including but not limited to the following:
 - Aspirin
 - Retin-A
 - Coumadin
 - Latisse
 - Niacin
 - Iburpofen
 - Vitamins
 - Fish Oil
 - Alcohol
 - Ginko Biloba
 - Glucosamine
 - Caffeine (Day of procedure)

I look forward to working with you. If you have any questions, please call or make notes so we can discuss them with you when you arrive for your appointment.

Permanent Cosmetic Aftercare Instructions

After your procedure, you will be swollen. Some clients will swell minimally, and some will swell more, everyone heals differently. This can cause the area(s) to appear uneven, red, itchy and irritated when healing. The area(s) will also appear much darker and thicker than the final result. You can expect your procedure to fade anywhere from 10% to 50% typically within 3 to 30 days for the first procedure. There will be some shedding of skin with color in it as the area heals. **DO NOT PICK.** Some areas of the procedure will fade more than other areas and as the pigment oxidizes, it will start to darken up a little over a 2-to-3-week period – this will vary from person to person.

Your appointment will not be moved up or made sooner due to shedding or fading. _____ (Initial)

All permanent makeup results vary from person to person. _____ (Initial)

Darker skin types and oily skin will blend more with the hair strokes and may not appear as defined as they would on lighter skin types. Red heads, blondes and fair skin types will experience more swelling, redness, crusting and/or scabbing and some areas will fade substantially. They can look more powdered or solid looking and there is a possibility of little to no pigment retention. _____ (Initial)

Smoking will affect your results and may cause the pigment to fade permanently. _____ (Initial)

If you have had a permanent cosmetic procedure previously, there are no guarantees to the retention of the pigment. It will fade sooner and may not take at all. At some point, permanent cosmetic procedures will no longer be an option due to the buildup of scar tissue. _____ (Initial)

It is standard procedure for clients to return to our office two months after their original procedure for their first touchup. This is necessary to fine-tune the treated area. After the first touch up, it is recommended to schedule a two year touch up to maintain the color. Special touchup pricing will apply to the two-year procedure. Touch ups after the two-month touch up will not be done any sooner than two years from the last appointment. The provided aftercare instructions apply to all procedures and must be followed very carefully. _____ (Initial)

When you leave the office, the procedure is intact. Your attention to the provided aftercare instructions will have a direct impact on the final results of your procedure. _____ (Initial)

DO NOT GET YOUR TREATED AREA DIRECTLY WET FOR TWO WEEKS; water, pool, ocean, sun, sweating, yoga, swimming, and gym exertion should be avoided. If you do not follow the instructions provided, we reserve the right to charge you to correct the procedure. If you work out regularly, your results will take on a powdered look due to sweat and the oils the body produces when it gets heated and sweaty. _____ (Initial)

Client Name Printed _____ Date _____

Client Signature _____ Date _____