

MEDICAL PROFILE

1. Name:

Date:

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Address:

Apt/Unit #

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Home Phone:

Cell Phone:

Work Phone:

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Email Address:

Referred by:

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Date of Birth:

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2. **To avoid unforeseen complications, please answer the following questions: It is prohibited by law for a minor under 18 to have a permanent makeup procedure without the consent of parent or guardian.**
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Have you ever had a tattoo or Permanent Make-up?	No	Yes
If so, have you had any previous problem with tattoos?	No	Yes
Are you allergic to any dyes?	No	Yes
Have you had any aspirin or blood thinning products in last 7 days?	No	Yes
Do you take antibiotics before dental appt. or other treatments?	No	Yes
Do you use tobacco products?	No	Yes
Do you have any heart conditions?	No	Yes
Are you a Diabetic?	No	Yes
Are you pregnant or nursing?	No	Yes
Are you allergic to Dental Anesthetics?	No	Yes
Is there presently any alcohol in your system?	No	Yes
Have you EVER had a cold sore, herpes or fever blisters?	No	Yes
Are you allergic to Latex?	No	Yes
Are you currently using Retin-A, Alpha Hydroxy or Vit. A and /or E?	No	Yes
Have you ever had a Keloid scar?	No	Yes
Are you presently taking any medications?	No	Yes
Do you wear contact lenses?	No	Yes
If so, do you understand they must be removed before the eyeliner procedure and not be used until the next day after the procedure?	No	Yes
Are you currently undergoing radiation or chemotherapy?	No	Yes

**3. It is very important to know all medications you are taking because it may effect the healing of your procedure. Please CIRCLE all medications you are currently taking including Over the Counter medications:**

Aspirin	Blood Pressure Medication	Cortisone/Steroids
Arthritis Medication	Blood Thinners	Antibiotics
Anti Depressants	Medication for Headaches	Diuretics
Allergy Medication	Chemotherapy	Insulin

**4. Please list any other medications you are presently taking:**

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**5. Have you ever experienced any of the following? (Circle all that apply)**

Cancer	Vision Problems	Migraines
Herpes	Glaucoma	High Blood Pressure
Alopecia	Fever Blisters	Hemophilia
Plastic Surgery	Asthma	Rheumatic Fever
Dermabrasion	Mental Disease	Collagen Injections
Botox Injections	Heart Conditions	Accutane Treatment
Diabetes	Shortness of breath	Stroke
Hepatitis/HIV	Chest Pains	Epilepsy/Seizures
Kidney Disease	Bleed Excessively	Hyper Pigmentation
Autoimmune Disorders	Makeup Allergies	Keloid Scar
Hypertrophy Scar	Tattoo Removal	Organ Recipient

- **Permanent Makeup**

**Hipaa Form**

HIPAA- Health Insurance Portability and Accountability Act  
Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed and how you can get access to this information. Please review it carefully.

Tennessee State Law Supplement

Tennessee

Disclosure: We will not disclose your permanent makeup records without your written authorization, except to:

1. You;
2. Your legal representative;
3. The Department of Health pursuant to existing laws;
4. In the event that you are incapacitated or unable to request your records, your spouse; and
5. In any civil or criminal proceeding, upon the insurance of a subpoena from a court of competent jurisdiction and proper notice to you or your legal representative, by the party seeking the records.

My signature below constitutes that I have received a copy of the Client information sheet and will read it very carefully. A copy will be put in my personal Client Chart.

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Client Signature

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Date

**CONSENT FOR PERMANENT MAKEUP**

I, \_\_\_\_\_, am over the age of 18, and not under the influence of drugs or alcohol and consent to the following Permanent Makeup Procedures. (Please circle all that apply).

- BROWS
- LIP
- EYELINER

I understand the permanent skin pigmentation procedure carries with it possible complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and fading, fanning or spreading 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 not a science but an art. I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of said procedure(s).\_\_\_\_\_

I will strictly adhere to all pre and post procedure instructions. If I have ever had cold sores, I will consult with the technician and strictly follow my doctor’s instructions before contemplating any permanent cosmetic procedure around my lips. \_\_\_\_\_

I understand the taking of before and after photographs of said procedure(s) is required. \_\_\_\_\_

I certify that I have read and initialed the above paragraphs and have had explained to my full understanding this consent and procedure permit, and understand there will NO refund for procedure. \_\_\_\_\_

I have received a copy of the following:

- HIPPA
- Pre/Post Procedure instructions including Healing Schedule

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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## POST-PROCEDURAL CARE

### EYELINER

- Expect light to moderate swelling and redness.
- 1. Try to avoid your eyes coming into contact with water as much as possible for 48 hrs. After 48 hrs. gently take a moist q-tip and clean the eyeliner area.
- 2. Apply lubricant eye drops in your eyes if they feel irritated.
- 3. Avoid using any makeup on the eyeliner area for 3-4 weeks. You can use eye shadow above the eyeliner but not ON the eyeliner to prevent infection. Don't use contacts for at least 48 hours.
- 4. You must use NEW mascara to avoid contamination.

### EYEBROWS

- Expect slight swelling, thickness, and/or redness, for 1-2 days following the procedure. Keep treated area **lightly** glossed with After Care ointment for 7 days. Wash with cold water and pat dry.

If you have had Microblading on your eyebrows, please avoid getting them wet for 10 days. Allow the pigment to settle in the skin properly. Apply a very light layer of the After Care ointment twice a day. Do not pick or scratch the eyebrow area. Don't touch the area as we want to take all precautions to avoid infection. No swimming, sauna, sun exposure, intense exercising.

### LIPLINER / LIPCOLOR

- Expect moderate swelling, usually 1-2 days following the procedure. Applying ice for the first 2 hours is most important, and should be continued throughout the day. Wash with cold water and pat dry. Keep moist with Aquaphor, Vaseline, or Liprotek for the next 7 days, and then change to chapstick or lipstick with an SPF of 15 or greater, as the sun tends to fade lip color quickly.
- After the procedure, the lips may appear to have too much color. You may add makeup to soften the color. After 3-4 days, the color will become lighter as the epidermis sloughs off. It will appear that you have lost all of your color; however, when your lips have healed completely, the dermal layer will gradually become darker. Two or three applications may be required to achieve the desired results. It is not uncommon to lose up to 40% of the color on the first application.

**REMEMBER:**

- DO NOT use any Retin A or Glycolic Acids while healing.
- DO NOT use peroxide or Neosporin on ANY areas.
- DO NOT scrub or pick treated areas.
- DO NOT expose area to sun or tanning beds for 14 days following brow procedure.
  
- AVOID facials, swimming, and whirlpools, for at least 5 days.
- DO NOT dye or tweeze eyebrows one week before and after procedure.

**\*FAILURE TO FOLLOW POST-PROCEDURAL INSTRUCTIONS MAY RESULT IN LOSS OR DISCOLORATION OF PIGMENT.**

**\*THE KNOWN POSSIBLE COMPLICATIONS FROM MICROPIGMENTATION ARE: REDNESS, SWELLING, PUFFINESS, BRUISING, DRY PATCHES, AND TENDERNESS. IT IS NORMAL TO LOSE APPROXIMATELY 1/3 OF THE COLOR DURING THE HEALING PROCESS. AFTER INITIAL PROCEDURE, THE COLOR MAY APPEAR HEAVIER. IT WILL APPEAR SOFTER WHEN COMPLETELY HEALED. BECAUSE THE COLOR WILL COME FROM THE DERMAL LAYER OF THE SKIN TO THE EPIDERMAL LAYER OF THE SKIN.**

- You will receive a more detailed copy of this on the day of your appointment which is tailored to your specific procedure.

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Client Signature

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Date

### **Pre-Procedure instructions for Permanent Makeup**

Here are some Pre-Procedure Instructions to help make your time with me a more relaxing and comfortable experience.

\*DO NOT Botox prior to your brow appointment. You may Botox 7 days after your initial brow procedure.

\*For the BEST possible results please do not wear makeup in the area where the procedure is performed the day of the procedure.

\*Please eat something 20-30 minutes prior to your appointment. A combination of protein and carbohydrates are recommended such as peanut butter and crackers or a cheeseburger. This keeps your blood sugar steady and helps you to be more comfortable and less sensitive.

\*We recommend you take two Tylenol or Advil about 30 minutes prior to your appointment if you're used to taking them. This helps with sensitivity as well as minor swelling. If you have anything to help with nervousness we recommend you take it as prescribed by your doctor.

\*Avoid any form of caffeine (sodas, coffee and tea) 4 hours prior to your appointment. Caffeine is a stimulant and will heighten your sensitivity.

\*NO ALCOHOL 24-48 hrs. prior to your appointment. Alcohol thins the blood and may cause excess bleeding and subsequent bruising.

\*If you bruise easily, we recommend taking Arnica before procedure and after. Arnica is available at most health food stores.

\*For Eyeliner, if you wear contacts, please wear glasses to studio as no contacts can be worn during or 24 hours after procedure.

\* If you are having a LIP TATTOO procedure, it is required that you exfoliate your lip area 1-2 times a day for 3 days leading up to your appt. Keep your lips extra hydrated for the week leading up to your appointment. It's also helpful to eat Pineapple a day or two prior to your appointment, as it aids in bruising.

\*Exfoliate your brow area 2 days prior to your appointment and follow with a moisturizer.

\*If you are on blood thinners, if it is ok with your doctor, waiting at least 48 hours before eyebrow procedures is recommended. Again, please check with your doctor to make sure you can go 48 hours without them. You may take them as soon as procedure is finished.

\*You may request a patch test prior to your procedure. We are required by the color manufacturer to offer that to you but is not needed. A patch test does not ensure you will not develop a reaction later on.

Canceling less than 24 hours prior to your appointment will result in forfeiture of your deposit and an additional deposit will be required to book another appointment. If you are booked for two procedures on the same day, a 48 hour notice is required to cancel or reschedule your appointment.

Canceling less than 24 hours prior to your touch-up or no-showing for your touch-up appointment will result in forfeiture of your appointment. You will be required to leave a deposit and regular pricing will apply in order to reschedule your appointment.

Following these simple instructions will make a big difference in the enjoyment and outcome of your procedure. I am looking forward to seeing you!

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Cynthia Wellington  
Permanent Makeup Artist  
Germantown Day Spa  
(901) 737-2840*



Germantown Day Spa

**Model Release**

This Agreement is between \_\_\_\_\_ (“Photographer”) and the following person:

\_\_\_\_\_ (“Model”).

In consideration of the engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Photographer, his/her legal representatives, heirs and/or assigns, those for whom Photographer is acting, and those acting with his/her authority and permission (collectively “Photographer”), the absolute right and permission to copyright and use, re-use, and publish, photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own or a fictitious name, or re productions thereof in color or otherwise, made through any medium at his/her studios or elsewhere, and in any and all media now or hereafter known, for art, advertising, trade or any other legal purpose. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless Photographer from any and all liability that has or may occur or be produced in the taking of said pictures or any subsequent process thereof, as well as any publication thereof.

I acknowledge that I am at least 18 years old, and have the right and ability to consent to the terms herein, and further, that I have authorized and am able to sign on behalf of all persons listed above as Model(s).

I have read, understood, and agree to the terms of this Release. I understand that I am or may be giving up certain legal rights by signing this Release.

\_\_\_\_\_recognizable                      \_\_\_\_\_moderately unrecognizable (partial face or body)

Date:\_\_\_\_\_

Printed Name:\_\_\_\_\_

Signature:\_\_\_\_\_

Address:\_\_\_\_\_

Photographer:\_\_\_\_\_



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