

# SEMI-PERMANENT MAKE-UP

# PROCEDURE FORMS

by

Natural Effects

Clients Name

.....

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# PROCEDURE CONSENT FORM for SEMI-PERMANENT MAKE-UP

This centre will not perform any procedure on anyone under 18 years of age or under the influence of alcohol or illegal drugs or who is pregnant.

**TO BE FILLED IN BY CLIENT:**

**Customers Full Name:**

Mr/Miss/Ms/Mrs.....

**Address:**.....

.....**Post Code:** .....

**Tel No:** ..... **Mobile No:**.....

**DOB:** ..... **Present Age:** .....**years** **Occupation:** .....

**Who may we thank for referring you/How did you hear of us** .....

**Procedure(s) interested in:**

**Price of treatment(s) £**.....

**Method of Payment:** Cash-Credit Card-Cheque

I absolutely understand that micropigmentation is an art process, and is not an exact science and that every client heals differently. I understand that this is an elective procedure and is not medically necessary. I understand that I will need to return for a second treatment before my procedure can be deemed complete. If heavy make-up is required then I accept that I may require additional work, which I understand is chargeable. I understand that the second treatment needs to be taken – after one month and before three months. If I do not return in the agreed time scale it is deemed that I am happy with a single procedure and that I will pay for any further procedures taken thereafter. I understand that no money will be refunded to me should I decline the second treatment.  
(please initial) .....

I agree to pay the sum agreed (as listed above) at the end of my first treatment today when I am fully satisfied with my procedure.  
(please initial) .....

**Lip Procedures:** I have been explained that should I suffer from the Herpes Simplex virus then I may have a cold sore outbreak. I have been recommended Zovirax (or any other anti-viral medication) tablets, obtainable from my Doctor, which should reduce the risk of an outbreak. (please initial).....

I have undergone/been offered an allergy test prior to my initial treatment and thereby release the technician from any liability related to any allergic reaction or other reaction to applied pigments or other products used after the procedure or at a later date. Pigments are composed of Iron Oxide, Alcohol, Water and Glycerin. (please initial).....

All needles and machine parts used are individually wrapped, sterile and are disposed of after each client. I accept that whilst in the treatment room universal precautions are taken but that my risk of infection begins the moment I leave the centre. (please initial).....

I confirm that I will agree pigment colours and final shape prior to any work commencing and that the technician will keep a log of the colours chosen by myself for my required procedure. All this information will be logged on file to assist with further visits. I fully agree to photographs being taken prior to and after procedure (which will be kept on file and not used for any other purpose, unless I agree in writing). (please initial).....

I accept that after each treatment the area treated may swell or show redness and in some cases bruising. I accept some discomfort. I also accept that the area immediately after treatment will show a colour darker than that chosen - this darker colour will slough and lighten over the following 5/14 days (the healing process varies from person to person depending upon many variables). I accept that should I accidentally pick, pull or knock the treated area then I could get gaps. (please initial).....

I confirm I will strictly adhere to the typed after-care instructions posted/handed to me, and only use the after-care products given. I understand that complications are possible, particularly if post-procedure aftercare instructions are not followed and if I get an infection post-procedure I will visit my Doctor immediately and accept that it could be due to the fact that I do not live in sterile conditions. If I have any questions or queries after the procedure I will telephone the technician to discuss. (please initial).....

I fully understand that the skin type of every client is different and have been advised that pigment should stay visible in the skin from two to five years (and in some cases indefinitely). Also that lighter colours will fade quicker than darker colours, and that colours will change with time. I understand that if I return for a re-touch procedure (and the line to be followed is clearly visible) then this treatment will be charged at 50% of the current price. (please initial).....

**Important Note to Client:**

- If considering BOTOX or COLLAGEN please note injectables can alter the position of the eyebrows and lipliner.
- If considering facial LASER HAIR REMOVAL please ensure you inform the LHR technician that you have had a semi-permanent/micropigmentation lipliner (as laser, if done over the vermilion border, can cause the lipline to change colour.

I understand that future laser treatments or other skin altering procedures, such as plastic surgery, chemical peels, implants, and/or injectables may alter my semi-permanent make-up. (please initial).....

I understand that if I have an MRI or CAT scan that I must tell the radiologist that I have iron oxide semi-permanent make-up and accept that I may get slight tingling in the treated area (please initial).....

*I hereby consent to the application of micropigmentation. I have read and understood all points in the procedure Consent Form and accept full responsibility for any complication that may arise during or following all micropigmentation procedures. I accept that no refunds will be given for incomplete treatments or for poor saturation.*

*I hereby give my written consent for Finishing Touches trained technician Helen Porter from Natural Effects to carry out the treatment of my choice – as requested by me on this consent and procedure agreement.*

Signed:.....

Date:.....

Technicians Name:

Technicians Comments:

<b>MEDICATION &amp; MEDICAL INFORMATION</b>
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**TO BE FILLED IN BY CLIENT – if your answer does not fit into the gap please list overleaf**

**Are you currently under the care of a doctor or hospital specialist? YES NO**  
**If YES please list relevant details of Doctor and condition.**

**Please list any medication you are taking.**

**Do you wear Contact Lenses..... Eyeglasses..... Dentures.....**

**Have you recently undergone – or plan to have any elective or necessary surgery YES NO**  
**If YES please list.**

**Have you had micropigmentation before? YES NO**

**If YES please list – How long ago..... Name of Centre.....**  
**What procedure..... Were you pleased with the result.....**

**Please (tick) all medical conditions that apply to you.**

..... Pregnant	..... Cancer	..... Eye Disorder
..... Hyper pigmentation (scars that heal in a darker colour)		
..... Scar heavily or Keloid when injured		
..... Hemophilia	..... Lupus	..... Skin Disorder
..... Diabetes	..... HIV Positive	..... Mitral Valve Prolapse
..... Hepatitis	..... Veneral Disease	..... Herpes Simplex II (genital)
..... TB/Lung Disease	..... Fever Blisters	..... Cold Sores
..... Epilepsy	..... Asthma	..... Dry Eye Syndrome
..... Anemia	..... Iron Deficient	..... Alopecia
..... Undergoing Radiation Therapy or Chemotherapy		

**Please (tick) if you are taking any of the following medications.**

..... Accutane	..... Anabuse	..... Insulin
..... Asprin	..... Blood Thinners	..... Anti-Coagulant
..... Steroids	..... High Blood Pressure	

**Technicians Notes:**

**Please (tick) if you have any of the following allergies.**

..... Latex	..... Anaesthetic. Food or Medicine
..... Plasters	..... Lanolin
..... Wax Crayons	..... Carpet Dyes
..... Metals	

**Please (tick) all that apply.**

- |   |  |
|---|--|
| ..... I have a tattoo .....                 | ..... I have had a tattoo removed              |
| ..... I have had Gor-Tex (lip) implants     | ..... I have had Collagen injections           |
| ..... I have had Botox or other injectables | ..... I participate in outdoor activities      |
| ..... I use a sunbed regularly              | ..... I use Retin.A/Retinol/Glycolid regularly |
| ..... I have had Chemical Peels             | ..... I have had Laser Hair Removal            |

**I understand the importance of sticking strictly to details as listed in the After-Care guide and use no other products on my treated area for the recommended amount of time.  
(please initial).....**

**I am over 18 years of age  
I am not pregnant  
I am not under the influence of alcohol or illegal drugs (please initial).....**

**Signed.....**

**Date.....**

**Technicians Notes:**

<b><i>PROCEDURE WORKSHEET #.....</i></b>
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**Clients Name:..... Technician:.....**

<b><i>Today's Procedure</i></b>	<b><i>Date</i></b>
<b><i>Colours Used</i></b>	
<b><i>Needles Used</i></b>	
<b><i>Anaesthetic Used</i></b>	
<b><i>Tolerance Level</i></b>	
<b><i>Photographic Evidence</i></b>	

**Comments:**

**To be completed by the client when RETURNING FOR MORE work.**

**ADDENDUM SHEET FOR ADDITIONAL TREATMENTS**

**Clients Name** .....

**I confirm that my medical history has not changed since I completed my original form. Please tick.**

**I have the following changes to make to my medical history (please list below).**

**Please list any relevant points you would like to have answered or would like to receive from your additional treatment**

**Signed**.....

**Date**.....

*Technician's Notes*

**I give my consent for further micropigmentation work to be carried out – which again is undertaken at my request and in full understanding of all the points listed and understood**

**Signed**:.....

**Date**:.....