The Esthetic Atelier at Spa One Eighty

Client Consultation and Medical Health History
for Permanent Cosmetic Procedure

Client Information

Name: _____ Date of Birth: _____
Phone Number: _____ Email Address: _____
Cosmetic Procedure Desired: _____
Goals for procedure: _____

for therapist use:
pigment(s) _____ Blade(s)_____ Technique(s)_____

Medical History

Are you currently **Pregnant** or **nursing**? O Yes O No
Do you **bruise** easily? O Yes O No Do you **scar** easily? O Yes O No
Have you received **Chemotherapy** or **Radiation** in the last year? O Yes O No
Are you on **Blood Thinners**? O Yes O No
Please list any **medications** you are currently taking or have taken in the last 6 months:

_____
_____
_____

Have you ever had an **allergic reaction** to any of the following? Check all that apply:
O Lanolin O Latex O Vaseline O Metals O Dyes O Foods O Glycerin
O Lidocaine O Paints O Crayons O Medications
Please specify and/or list any other allergies:

_____
_____

Do you have a **history** of any of the following? Check all that apply:

O Artificial Heart Valve O Alopecia O Anemia O Autoimmune Disorder
O Blood Clotting Disorders O Cancer O Circulatory Issues O Cold Sores
O Cosmetic Injections O Cosmetic Sensitivities O Cosmetic Surgery O Diabetes
O Dizziness/Fainting O Eczema O Epilepsy O Hair Loss O Hemophilia/ Bleeding Abnormalities
O Healing Problems O Hepatitis O HIV O Hypertrophic/Keloid Scarring
O High Blood Pressure O Low Blood Pressure O Liver Disease O MRSA O Psoriasis
O Thyroid Disturbances O Trichotillamania O Tumors, Growths, or Cysts

In the past **two weeks**, have you had or used any of the following?
O Acne Medication O Botox O Chemical Peel O Cosmetic Fillers O Eyebrow or Eyelash Tint
O Retin-A O Alpha Hydroxy Acids (Glycolic, Lactic Acid) O Tanning Beds

Do you have any other **health problems** or **medical conditions**? O Yes O No
If so, Please describe: _____
Are you currently under the care of a physician? O Yes O No
If so, has your physician approved this procedure? O Yes O No

Disclosure and Informed consent for implantation of pigment
for Eyeliner, Eyebrows, Lips, and Camouflage

You have the right to be informed of the risks involved so that you may decide to give or withhold consent to undergo the permanent makeup procedure
Please Initial each blank to indicate that you understand each risk associated.

Possible risks and/or complications:

Anesthetics: Topical anesthetics including Lidocaine, Benzocaine, and Tetracaine may be used to numb the area. If you are allergic to any of these, please inform your technician now.

Allergic Reactions: may show through redness, swelling, rash, blistering, dryness, or any other symptoms associated with an allergic reaction. If you experience an allergic reaction, you should contact your doctor immediately.
____ I understand that an allergy test does not guarantee that I will not develop an allergic reaction to the pigment or anesthetic used

Pain: There can be pain or discomfort even when anesthetics have been used. Anesthetics can be more effective on some clients than on others. We cannot accept responsibility if the area treated does not respond to the numbing cream.

Swelling and/or Bruising: Mild to excessive swelling & bruising may be experienced as a result of the treatment combined with the use of anesthetic that is placed on the area 20-30 minutes prior to and re-applied throughout the procedure to minimize any discomfort.
Ice packs may help to reduce this and it typically disappears in 1 to 7 days.

Infection: although it is unusual, the area(s) must be cared for according to After Care instructions provided to ensure proper healing.
____ I have been given aftercare instructions and understand that following these instructions are crucial to achieving the best outcome possible
____ 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.

Uneven Pigmentation: This may result from poor healing, infection, bleeding, or many other factors. Your follow-up appointment will most likely correct any uneven pigmentation.

____ I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, the pigment itself may remain in the skin indefinitely.

Asymmetry: Every effort will be made to avoid asymmetry, but no face is naturally 100% symmetrical. Your technician will balance the design, giving you as much symmetry as your skin, muscle, and bone structure will allow. The follow-up Session will further correct unevenness as much as possible to give you the best result.
____ I accept responsibility for determining the color, shape, and position of the pigmentation to be placed during the procedure as agreed during the consultation & design process.
____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve the desired result, and that 100% success cannot be guaranteed during the first procedure. I understand that I may need to return for a repeated procedure or touch-up.

MRI: Some pigments contain inert oxides. Please inform your MRI Technician of any tattoos. You must wait at least 15 days after your procedure to undergo an MRI.

Continued on Next Page

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Please read and initial the following statements:

____ I am not under the influence of drugs, Alcohol, or other substances

____ This procedure is intended to improve, enhance, and accentuate my unique features but no guarantee has been made to me as to the final result of this procedure. I also understand that the procedure may not reach my expectations.

____ I have read and understand the risks and hazards associated with this procedure.

____ If an unforseen condition arises in the course of the procedure, I authorize my technician to use their best professional judgment to proceed however necessary under the given circumstance
.

____ I understand that it is my responsibility to advise the technician of any concerns I have prior to the procedure and I have been given the opportunity to ask questions about the procedure

____ I have read and understand the risks and hazards involved and believe I have sufficient information to give my informed consent for the procedure I have requested

____ I agree to comply with aftercare instructions and understand that following these instructions are crucial to achieving the best outcome possible

_____ For the purpose of documentation, record, and portfolio, I also consent to the taking of before and after photographs of my procedire.

I certify that I have read and fully understand the above consent and procedure permit; that the explanations therein referred to were made and accept full responsibility for these and other complications which may arise or result during or following the procedure. The procedure is performed at my request according to this consent. I hereby authorize

Jana Gwin, LME

to perform

_____

at Spa 180
1100 S. College St. Suite 204
Auburn, AL 36832

Client name: _____ Date: _____

Signed: _____