

General Consent and Procedure Permit

Clients Full Name _____ Mr/Mrs/Miss/Ms _____

Address _____

DOB _____ Occupation _____

1. I hereby authorise *Dawn Alderson* of *Dawn Alderson Permanent Makeup & Beauty Clinic* to perform upon myself the following procedure(s) _____
2. 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 her to do whatever she seems advisable and necessary in the circumstances.
3. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation.
4. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.
5. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Even though the colour has faded the pigment will stay in the skin indefinitely.
6. 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.
7. 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 during the first procedure. I understand that this is why I will need to return for a retouch procedure.
8. 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 understand that it is my responsibility to book the appointment at a time and venue convenient for both parties.
9. The result of the procedure is determined by the following:
 - Medication
 - 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
 - Alcohol intake and smoking
 - Post procedure care treatment

General Consent and Procedure Permit continued:

1. Upon completion of the procedure there may be swelling and redness of the skin, which will subside between 1-4 days. In some cases bruising may occur. You may resume normal activities immediately following the procedure, however, using cosmetics, excessive perspiration and exposure of the sun to the affected area should be limited. See specific post-procedure instructions for details. You can however, be assured the procedure, even after only one treatment, looks acceptable so that you should be able to feel comfortable appearing in public without additional makeup on the affected area.
2. I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary in colour according to skin tones, skin type, age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to an exact effect or colour can be given.
3. 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.
4. 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 over 18 years of age. I am not pregnant. I am not under the influence of drugs or alcohol.
5. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I confirm that I have received copies of all the relevant aftercare instructions.
6. 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 *Dawn Alderson*
7. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s) for record purposes and for use in presentation portfolios.

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 understood the above information.

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

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

Consultation Form:

Name _____

Please read these statements carefully:

- Permanent cosmetics are a form of tattooing also called Micropigmentation.
- Re-touch procedures may be required.
- A healing period of four / six weeks is required before a re-touch procedure can be performed depending on age and skin type.
- On rare occasions the pigment may migrate under the skin particularly if very oily based skin type.
- Application of permanent cosmetics can be painful.
- The pigments will fade over time which may vary with each client.
- 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 reactions are extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Allergic reactions to anaesthetics can occur.
- Permanent cosmetics cannot be applied to pregnant women or nursing mothers.
- Permanent cosmetics cannot be applied to any person under the age of eighteen.
- Infections can occur if aftercare instructions are not followed correctly.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- It is recommended that clients receiving treatment for eyeliner should have someone 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 may appear dry and flaky for up to one week following the procedure.
- If you have an MRI scan within 3 months of 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: _____

Name of Doctor: _____

Surgery: _____ Contact No: _____

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

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

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

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

Lanolin	Latex Rubber	Vaseline
Medication	Metals	Hair dyes
Drugs	Foods	Lidocaine
Paints	Crayons	Glycerine

Anaesthetics or Adrenaline (which ones) _____

Other allergies

(list) _____

I confirm that the above information is correct Client

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

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

Dawn Alderson Permanent Makeup & Beauty Clinic

Medical Health Form continued:

Have you or have you ever had any of the following? Tick all of the following that apply:

Abnormal Heart Condition		Cold Sores (herpes simplex)	
Mitral Valve Prolapse		Heart Murmur	
Rheumatic Fever		Artificial Heart Valves	
Pacemaker		Anaemia	
Haemophilia		Prolonged Bleeding	
Diabetes		High Blood Pressure	
Epilepsy		Low Blood Pressure	
Fainting Spells or Dizziness		Circulatory Problems	
Thyroid Disturbances		Liver Disease	
Glaucoma		Kidney Disease	
Stomach Ulcers		Tumours, Growths or Cysts	
Cancer		HIV	
Tuberculosis		Prosthetic Hip or Joint	
Stroke		Cataracts	
Palpitations		Blurred Vision	
Hepatitis		Dry Eyes	
Pregnant or Nursing		Eye Infection present	
Alopecia		Watery Eyes	
Recent Hair Loss		Contact Lenses	
Chapped Lips		Eyelid Surgery	
Trichotillomania		Date of last eyelash/ eyebrow tint	
Gore-Tex Implants/Silicone Injections Other Tattoos Fat Transfer Injections		Bruise or Bleed Easily	
Botox Injections		Use of Sun bed	
Collagen Injections		Scar Easily	
Hypertrophic Scars		Retin A within 6 months	
Chemical or laser peel within 6 months		Healing Problems	
Keloid Scars		AHA preparations within last 2 weeks	
Sensitivity to Cosmetics		Acutance within 6 months	
Cortisone within 6 months			

I confirm that the above information is correct

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

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

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 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.

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.

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

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

Procedure Treatment Record

TREATMENT REQUIRED: _____

Patch Test		General Consent Form	
Medical History		Anaesthetic Consent Form	
Pre Instructions		After Care Instructions	
Before Photograph		After Photograph	

Treatment Plan

Pigment Colours Used: _____

Special notes: _____

Agreed fee £ _____ Deposit £ _____ Procedure £ _____ Retouch£ _____

I have read an understood the above information

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

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

Retouch Treatment

Any change in medical history since initial procedure? _____

Pigment Colours Used: _____

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

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

Doctor's Consent Form

For The Attention of Doctor _____

Dear Sir, Your patient _____ contacted me with a view to receiving a permanent cosmetic procedure. Permanent cosmetics are an advanced form of tattooing in which pigment is implanted into the dermis of the skin using needles. A fully qualified technician trained to Nouveau Contour standards, which are approved by the Society of Permanent Cosmetic Professionals will carry out the treatment. As my client has indicated a medical condition during pre-procedure consultation, it would be preferable that you consider the implications and give your consent for the treatment. If you feel that the procedure would have no detrimental effect to the health of your patient, could you please complete the details below?

Surgery Name _____

Address _____

Doctor's Name _____

I understand that (patient's name) _____ is to receive permanent cosmetics which 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 _____