

COSMETIC TATTOO CLIENT HISTORY AND CONSENT FORM

Date: _____

Name: _____ D/O/B: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____

Phone (M) _____

Medical Checklist: (Tick if these apply to you)

- | | |
|--|--|
| <input type="checkbox"/> Do you drink alcohol? | <input type="checkbox"/> Heart palpitations |
| o If so how much in the last 24 hours? _____ | <input type="checkbox"/> I have had hepatitis/HIV |
| <input type="checkbox"/> I am Diabetic | <input type="checkbox"/> I take antibiotics |
| <input type="checkbox"/> I am currently on Blood Thinners | <input type="checkbox"/> I am using lash enhancement serum |
| <input type="checkbox"/> I take Aspirin | <input type="checkbox"/> I take Retin A medication and/or topical medication |
| <input type="checkbox"/> Any Blood Clotting Problems | <input type="checkbox"/> I have allergies |
| <input type="checkbox"/> Heart Palpitations | <input type="checkbox"/> I have cold sores |
| <input type="checkbox"/> I have high Blood Pressure | <input type="checkbox"/> I have taken Roaccutane in the last 6 months |
| <input type="checkbox"/> Facial Surgery within last 3 months | <input type="checkbox"/> I wear contact lenses |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> I have eye disorders |
| <input type="checkbox"/> Breastfeeding | |
| <input type="checkbox"/> I have had collagen injections/filler/botox | |
| <input type="checkbox"/> I am taking fish oil | |

What is your skin type: (please circle) NORMAL / OILY / DRY / COMBINATION

Consent

I understand that this treatment is for cosmetic purposes only. Any Medication may affect colour.
 That no guarantees have been made to me regarding the results as I understand that every skin responds differently. I am responsible for the "at home care" using only the aftercare products in my aftercare kit in not I may have risk of infection or fading pigments if not carried out fully.
 I consent to before and after photographs of this procedure which is at the tattooist discretion.
 I consent to before and after pictures being posted on social media Y/N
 I cannot donate blood for 6 months from today
 I consent to the use of Topical Anaesthetics containing Lidocaine & Epinephrine.
 I am aware that I may require a follow up visit in 1-2 months' time to achieve the final result.
 I am aware that latex gloves may be used and consent to their use. I am over 18 years of age.
 I acknowledge that you have carried out the treatment at my request and I will not hold The Beauty Bar (Carrie) liable for the outcome of this treatment. I acknowledge that I have been given the opportunity to ask questions relating to the treatment. I am aware that this may take several sessions to get the desired result

I have read and agree to all of the above.

CLIENT SIGNATURE (signed before procedure).....

I am satisfied with the results obtained from this procedure I have been informed that colour may vary as the skin heels. I have been given aftercare instructions

CLIENT SIGNATURE(after procedure)

PROCEDURE: BLADE/NEEDLE.....

COLOUR..... MODIFIER.....

NOTES

TATTOOISTPERFECTION VISIT