



SEMI-PERMANENT MAKEUP SERVICES

BY BECCA TREVIÑO @ KARMA DAY SPA & SALON
1918 MAIN STREET #200 / FOREST GROVE, OR 97116

CLIENT MEDICAL HISTORY INTAKE FORM

NAME: (please print) _____ DOB: _____

ADDRESS: _____

EMAIL: _____ CELL# _____

EMERGENCY CONTACT NAME: _____ CELL# _____

REFERRED BY: _____

PROCEDURE (circle all that apply) I AM HAVING TODAY: BROWS / LIPS / LASH-Liner / OTHER: _____

Do you have any allergies to metals, latex, cosmetics or antibiotics? _____

Are you allergic to Lidocaine, Prilocaine, Benzocaine, Tetracaine or Epinephrine? (these are the numbing agents we use). _____

Do you have a medical condition(s) or are taking any medication that might affect the healing of the cosmetic tattoo service you wish to receive?

Do you have any other medical or skin conditions (cold sores/blisters) that might affect the outcome of your procedure?

Please provide any information you feel necessary to inform your practitioner: _____

Please CIRCLE if you have any of the following conditions:

- | | | | | | | |
|-----------|---------------|----------------|--------------------|-------------------|-----------------------|---------------|
| Allergies | Scarring | Keloids | Hemophilia | Bleeding Disorder | Cardiac Valve Disease | Wear Contacts |
| Diabetes | Rosacea | Herpes | Asthma | Hepatitis A, B, C | History of fainting | Epilepsy |
| HIV | Skin Problems | Heart Problems | Autoimmune Disease | Blood thinners | Other: _____ | |

Recent Illness: _____ Recent Hospitalization: _____

Cosmetic Surgery: _____ Are you pregnant: _____

Have you ever had Hepatitis? YES / NO - if yes, when? _____

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE FOR ANY CONDITION, PLEASE EXPLAIN:

HAVE YOU EVER HAD FILLERS OR BOTOX PROCEDURES: YES / NO - IF YES, WHEN?

LIST ANY MEDICATION(S) THAT YOU HAVE TAKEN IN THE PAST 2 WEEKS:

- I acknowledge by signing this agreement that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of a permanent makeup procedure.
- I do not have a medical or skin condition such as but not limited to: acne, scarring (keloid), eczema, psoriasis, moles or sunburn in the area to be tattooed that may interfere with a cosmetic tattoo procedure.
- I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of the area after the procedure. I agree to follow all instructions concerning the care of the cosmetic tattoo procedure as given to me via verbal and written instruction.
- I realize that variations in color and design may exist because of my skin type, color, undertone and lifestyle. I understand that if my skin color is dark, the colors will not appear as bright as they do on light skin.
- I agree to release, forever discharge and hold harmless Becca Trevino/Karma Day Spa & Salon from any and all claims, damages or legal actions arising that are connected to the Cosmetic Tattoo procedure or the healing process or results.

SIGNATURE: _____ DATE: _____

BEFORE & AFTER PHOTO CONSENT

By signing below, I give my authorization to, Becca Trevino/Karma Day Spa & Salon (aka: @BrowBaebie) to use my before and after photos for the purpose of information, advertising and/or marketing.

SIGNATURE: _____ DATE: _____

SHAPE & COLOR CONSENT

By signing below, I give authorization that I approve/reviewed the shape and color discussed with my practitioner prior to the permanent tattoo process.

SIGNATURE: _____ DATE: _____

CONSENT FORM FOR SEMI-PERMANANT MAKE-UP PROCEDURE: (circle all that apply):

EYEBROWS / LIP BLUSH / EYELINER

Please read each of the following and (check or place an X) beside each statement and sign your name below to indicate that you give consent to and understand each one of the following:

- I absolutely understand and accept that such a procedure is a process, often requiring additional applications (touch ups) of color to achieve the desired results and that 100% success is not guaranteed.
- I have received, reviewed and understand the post-procedure instructions as given to me and agree to follow them accordingly.
- Depending on the procedure(s) which I select, I accept responsibility for determining the color, shape and position of eyebrows, eyeliner, lip liner and lip color or other pigmentation.
- I am aware that the result of the procedure is determined by the following: (but not limited to) Skin characteristics, ie: dry, oily, sun damaged, natural skin undertones, alcohol intake and smoking, a compromised immune system, post procedure care treatment etc.
- I understand that this procedure will fade and this fading can alter the original pigment color and that this simply determines that it is time for a touch-up/refresh visit.
- I realize this is an elective cosmetic procedure, not an exact science and is not medically necessary.
- It has been explained to me that the following possibilities may occur: Minor and temporary redness or swelling; fading or loss of pigment.
- I understand that laser procedures for hair removal may or will turn permanent lip color dark or even black unless covered.
- I understand that there will be no refunds after treatment of this elective procedure.
- I understand that the Red Cross requires one year waiting period for blood donations after tattoos.
- I acknowledge that infection/allergic reaction is always a possibility (however rare) as a result of obtaining a tattoo. Particularly in the event that I do not take proper aftercare of my brow/lip/liner tattoo. I agree to accept the liability that such risk is possible.

PRINT NAME HERE: Date:

SIGNATURE: