

# COSMETIC TATTOOING PROCEDURES

## Client Information and Consent Form

Sheena Houston (sole trader) trading as 'High Brow Studio'

ABN: 46896357269

Name: .....



Date: .....

Date of Birth: .....

Phone: .....

Email: .....

Emergency contact: ..... ph: .....

Medical Practitioner: ..... ph: .....

### ALLERGIES

Do you have any known allergies? (including cosmetics/ingredients) Y/N .....

Any previous reaction to an eye treatment/waxing/hair dyes? Y/N.....

Have you ever had a reaction to the following? (please circle)

If yes, describe .....

PABA	Lidocaine	Bacitracin	Neomycin	Novocain	Lidocaine
Latex	Metals (iron, titanium, nickel)	Foods	Lanolin	Other drugs	Other.....

### GENERAL MEDICAL

Do you suffer from any of the following conditions? (please circle)

AIDS	Asthma	Alopecia	Autoimmune disease	Blepharitis	Back Pain
Cancer /chemo	Cataracts	Conjunctivitis	Claustrophobia	Dry Eye	Diabetes
Eating Disorder	Epilepsy	Glaucoma	Hay Fever	Hepatitis	Heart Conditions
Hemophilia	High Blood Pressure	Hormonal Imbalance	Intense Stress	Iron Deficiency	Migraines
Pacemaker	Rheumatic fever	Stroke/ TIA	Thyroid Imbalance	Trichotillomania	Other

Are you currently under any medical supervision for any disorder? .....

Any recent or upcoming surgery? .....

Are you currently on any blood thinners or anti coagulants such as Aspirin, Ibuprofen, Coumadin? .....

Please list any medications you are taking or have taken in the past month (including contraception, eye drops & supplements)

Do you smoke? Y/N Alcohol Y/N .....

Are you pregnant or nursing? Y/N

Do you wear contact leases? Y/N

### SKIN

Do you suffer from any of the following? (please circle)

Psoriasis	Dermatitis	Rosacea	Eczema	Chapped lips	Mouth Ulcers
Keloid or Hypertrophic scarring	Bruise or bleed easily	Slow to heal	Tan easily	Burn easily	

Do you get cold sores (herpes)? Y/N Last outbreak? ..... Are you currently taking medication? Y?N  
(advised to take prescribed herpes medication prior to lip procedures)

Do you use or have you used Retin-A or Accutane in the last six months? Y/N .....

Are you using any glycolic acid or other AHA skin products? .....

Have you had facial treatments? (laser, IPL, peels, microdermabrasion, etc) Y/N .....

Have you had laser resurfacing? Y/N If yes when .....

Have you had any botox or injections? Y/N If yes, when & where: .....

Do you plan on ever having a eyelid lift / surgical face or brow lift? Y/N

Have you previously had any permanent makeup procedures)? Y/N Location: ..... When? .....

Any complications, please describe.....

Are you regularly exposed to sun? including sunlamp, solarium or sunbake? Y/N .....

Do you regularly swim in a pool/beach? Y/N .....

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### 1. GENERAL INFORMATION ABOUT PERMANENT MAKE-UP PROCEDURE

Semi-permanent make-up (or permanent make-up, permanent cosmetics, derma pigmentation, micro pigmentation, and cosmetic tattooing, which mean the same) is the method of depositing hypo-allergic mineral and/or organic pigments into the upper dermal layer of the skin which resembles regular makeup (such as eyeliners and other permanent enhancing colours to the skin of the face, lips and eyelids) or reconstructs eyebrows and lips contour.

The optimal result is achieved between 2-3 procedures. The recommended intervals between procedure are 1- 2 months.. The subsequent procedure after initial one (original procedure) is referred to as "touch-up" and helps to achieve:

- more equal and accurate pigment allocation in designated areas;
- achieve more accurate colours and tonal ranges to meet client expectations
- greater lasting result.

Pigment is implanted into skin with special equipment using needles. Pigments are recognized as foreign substance by the immune system. In the process of "wearing" the PM, pigment is gradually rejected by the body over time. Depending on the individual's immune system, the dye can be stored in different parts of the skin during different times (from several months to several years). Periodic procedures are required to maintain and achieved the high quality of the PM. Usually between 1-2 years is an average timeframe. The subsequent annual procedures are referred to as "refresh" procedures.

### 2 MEDICAL ASPECTS OF PERMANENT MAKE-UP

#### a) The permanent make-up procedure has medical contra indications:

- any virus and bacterial diseases in an active stage, immune system disorders: autoimmune diseases, immunodeficiency, including HIV, herpes in exacerbation stages, virus/allergic conjunctivitis, psoriasis, neurodermatitis, allergic diseases, cancer diseases,
- dermal diseases, atypical changes of integuments, including benign and malignant tumors, pigmentation abnormalities, including erratic ones,
- diabetes mellitus, any serious illness of internals a renal, liver failure,
- predilection of a skin to form keloids,
- hemophilia and other abnormalities of coagulability of a blood, high blood pressure,
- alcoholic or drug intoxication, epilepsy or mental disorders,
- hormonal diseases, pregnancy and breastfeeding period,
- therapy period of antibiotics, hormonal drugs, drugs influencing change of coagulability of a blood.

If the client is under one of these states it is recommended to cancel the procedure. If in doubt the procedure will only proceed with the written consent of the doctor.

#### b) Anesthesia

Anesthesia is not required for permanent make-up procedures. However, if the client has low threshold for pain and has no allergy to topical anesthesia components such as Lidocaine, Prilocaine, Benzocaine, Tetracaine and Adrenaline (Epinephrine) and no other contra indications such as high pressure, diabetes etc. it can be applied with consultation between technician and client.

#### c) Healing process and recommended aftercare

External recovery of the skin occurs within 4-14 days. Internal recovery of the skin lasts within 1-2 months.

The recommended aftercare and hygiene assist in preventing complications during healing process.

In the case of complications in healing, it is highly recommended you contact your technician and/or see your GP for medical advice.

The healing process consists of several steps, below are some guidelines:

- Skin redness, which can last between 20 minutes through to several hours. This is normal and no action required.
- Swelling around treated areas, this usually passes after first day but in some cases can take as long as 2-3 days. This is normal and no action required.
- Lymph release, which lasts between 2-3 hours after procedure. It is recommended to wash the treated area with regular soap and dry it with cotton pads several hours after procedure in order to remove discharge from the surface of skin and avoid thick scabs forming.
- Initial formation of scabs, which occur after the first day of procedure and are characterized with bright colour. It lasts between 4 days up to 2 weeks (average period is 6 days). The client must not undertake the following activities during this period: attending sauna, bath, swimming and avoid direct sunlight. It is not permitted to touch the effected scab area, nor scratch or remove in any form including soaking. If the scabs are removed by force the effected areas will lose pigmentation during healing and scars may form. It is recommended to avoid washing or moistening the treated areas, if this occurs, it's recommended to gently sponge dry with cotton disk. It is not recommended to apply your own post-procedural care or use decorative cosmetics before the scabs flake off naturally. Apply nothing for the first day after procedure. During the period of scabs forming (from third day after procedure) apply only Vaseline oil with cotton bud in thin layers when dry sensation or tightening sensation occurs (on average between 3 to 4 times a day). Avoid using any wound healing or regenerating medicines as this will accelerate the regeneration process and reduce the retention of pigments in the skin. For clients suffering from oral herpes it is recommended to take regular medical treatment, prescribed by GP, after permanent make-up applied on lips.
- Flaking of scabs. The initial flaking of scabs will result in loss between 20-50% of colour. Secondary scabs will form (colourless and flaking in appearance), that will last up to 10 days, colour will be restored by 10-20% from initial

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- pigmentation. Within this period, no special treatment is required. But in order to avoid post-traumatic hyper-pigmentation the client must avoid direct sunlight for a month after procedure.
- **Full skin regeneration**, will occur between 4-9 weeks from day of procedure. This depends on the age of client and skin conditions. Any interference in the regeneration process (such as early touch-up procedure or some cosmetology procedure associated with violating the integrity of the skin) is strictly prohibited because it can provoke the formation of scars. On average, colour will be stabilized approximately 28 days after procedure. Within this period, no special treatment is recommended. However, as mentioned above, the client must avoid direct sunlight for a month after procedure in order to avoid post-traumatic hyper-pigmentation. If the client is exposed to direct sunlight for prolonged periods of time, she/he must use maximum sunscreen protection on treated areas. The use of Retin- A/Tretinoin, Glycolic Acid, Hydroxy Acid, Fruit Acid, chemical peels, acid peels or any other rapid skin exfoliation products used regularly on the permanent make-up area will cause the pigmentation to fade prematurely.
- WARNING:** In addition, Salt Water, Chlorine, exfoliation creams, and exposure to the sun will cause colours to fade.

### 3 INFORMATION ABOUT STUDIO AND TECHNICIAN

Your technician is Sheena Houston, sole trader, trading as 'High Brow Studio'

Phone: 0422857096

Email: admin@highbrowstudio.com.au

Address: 66 Glebe Road, The Junction

ABN: 46896357269

Sheena Houston is a qualified specialist permanent make-up artist specializing in all areas of face, including: eyelids, eyebrows and lips. Sheena will undertake to comply with all the requirements of the rules and regulations governing the implementation of skin pigmentation procedures for the performance of permanent make-up.

Sheena will undertake to document all aspects of your procedures, including taking photos of before and after to monitor effectiveness of procedures, all personal information is securely managed in the strictness of confidentiality.

### 4 TECHNICIAN'S POLICIES

**Deposits** – A \$50 deposit is required. If a deposit is not made within 48 hours the appointment can be canceled.

**Cancellation** – The time of appointment is reserved exclusively for the client. The cancellation should be done no less than 48-hours prior to the procedure.

Deposits will not be refunded for:

1 Cancellations made less than 48 hours in advance,

2 "No shows",

3 The same day cancellations.

An additional \$50 deposit will be required for re-scheduling of the appointment.

**Late Arrival** – Arriving late will deprive the client of valuable service time. As a courtesy to the next guest, the treatment will end at the time originally scheduled. Late arrivals may be rescheduled, or the remainder of the service time may be used at full price.

**Children Under 18** – Due to liability reasons no children under the age of 18 will be permitted to undertake make-up procedures Sheena Houston.

**Cell Phones** – Out of consideration for guests and technicians performing procedures, please mute or turn off cellphones.

**Pricing of first procedure and Touch-up/Refresh fees** – Touch-up/Refresh procedures are not included in the original procedure fee.

The cost of "touch-up" procedure is \$150 as of the current pricing schedule on condition that the time interval between original procedure and touch-up procedure is no more than 2 months.

The cost of "refresh" procedure is from \$250 as of the current pricing schedule on condition that the time interval between original procedure and touch-up procedure is no more than 2 years.

All prices quoted are subject to change without notice. All purchases and services are final, and any refunds are not applied.

**Permanent Makeup Done by Another Technician** – Touch-up/Refresh fees are applied only for returned clients. Recolouring of permanent makeup done previously by any other technician is not a "touch-up" or "refresh" procedure since it is not original work by Sheena Houston. Such works are called "cover-up" procedures. The fees for "cover-up" procedures are referred to as a new procedure and charged accordingly. Additional charges will apply if extensive reshaping and symmetry correction is required or pigment removal is required. Two or more appointments may be necessary to achieve and complete the procedures depending on each individual situation.

**Number of procedures** - Number of procedures averages between 2 to 3 sessions, followed by annual refresh will be required. Multiple sessions (3 or more procedures) are usually required to achieve satisfactory results in following procedures: large eye shadows creation or complex cover-up procedures. On a case by case circumstance some clients may require more than one "refresh" per year to achieve a satisfactory result.

**Non-compliance of aftercare instructions** – If the client does not follow the instruction of correct healing and aftercare (according paragraph 2-c of given Consent) no claims will be accepted by technician.

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If the loss of pigment is a result of picking or forcibly removing scabs, coursing loss of pigment, any repeat procedure resulting will be at the cost of the client.

**Right to refusal** – In case if client does not meet the criteria of the procedure the technician reserves the right to decline undertaking any procedure.

### **6 DISCLOSURE & RELEASE FORM FOR IMPLANTATION OF PIGMENT FOR: EYELINER, EYEBROWS, LIPS AND RECOLOURATION**

Sheena Houston appreciates your patronage and interest in new and improved techniques of Semi-Permanent Makeup. You have the right to be informed so that you may make the decision whether or not to undergo this procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give, or withhold, your consent to the procedure.

#### **a) CLIENT DISCLOSURE**

Please read the statements below and confirm with your signature below:

I certify that I am over the age of 18.

I give permission to perform permanent make-up procedure according the confirmed sketch.

I understand the following completely that no warranty or guarantee has been made to me as a result of this permanent makeup procedure, and that the final result cannot be guaranteed.

I realize that there is potential for discomfort and pain during the procedure and during the healing process as well as a possibility of swelling (1-3 days), scab forming (4-14 days),

I understand that healing process is different for every person. I know that colour pigmentation is significantly stronger for the first 4-14 days after procedure than it will be less after scabs flake-off and healing completed. Pigment loss or colour change occurs normally in most cases during first month after procedure. I have to stay patient and return for touchup session no earlier than 1 month after initial session (when skin is completely healed).

I understand that allergic reactions to the pigment or anesthesia may occur.

I understand that there is a possibility of hyper-pigmentation resulting from the procedure, especially in individuals prone to hyper pigmentation from a scar or other injury.

I understand that tattooing is considered as permanent procedure, however, it will fade down in time.

I know that a permanent make-up can only be removed with a special removal procedure, and that any effective removal may leave permanent scarring.

I was warned that I must not undertake the following activities: sauna, bath, swimming, direct sun exposure, and should limit the using of decorative cosmetics on permanent make-up areas during primary scabs period. I remember that I should not be at direct sun exposure during first month after procedure.

I know that I must follow the prescribed aftercare instruction, use only recommended Vaseline oil (liquid paraffin) and do not use any wound-healing and regenerating medicine.

I was warned that it is forbidden to accelerate flaking-off scabs.

I know and agree that 1 or 2 additional procedures are required after the primary procedure and that I have to pass annual refresh procedure.

I understand that complex procedures such as large eye shadows creation and complex cover-up procedures can require more procedures.

I know that it is recommended to remove make-up from treated area before procedure and remove any contact lenses if undertaking work on eyelids.

I was recommended to plan my affairs after the procedure, taking into account the possible complications (redness of the skin, edema after procedures on the eyelids and lips, crusting) and limitations in the using of makeup.

I comprehend that the permanent make-up procedure on the lips can provoke the herpetic reaction and in order to prevent this reaction I have to use appropriate antiviral medicine, prescribed by your GP, straight after procedure.

I confirm that I received in writing instructions about "The correct healing process and recommended aftercare" (outlined in paragraph 2-c of given Consent)

I certify that I do not have medical contra-indications for performing PM procedures.

I hereby authorize Sheena Houston to take photographs of my procedure (treated area only) performed both before and after treatment, and I further authorize the use of photographs for the purpose of advertising.

I acknowledge that the information provided by me is to the best of my knowledge and treatment is based on this information.

I fully understand that Sheena Houston only provides beauty services; there is no medical treatment involved.

I realize that with any beauty service there may be certain risks which must be understood. I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree Sheena Houston is free from any and all claims or suits for damage, for injuries or complications resulting from any beauty service provided.

The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have been given the opportunity to ask questions about the procedure, the risks, and the hazards involved.

I believe that I have sufficient information to give this informed consent.

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By signing below I acknowledge that I have read and understand the above and all of my questions have been answered and that I consent to have the above beauty services.

### b) CLIENT ACKNOWLEDGMENT AND RESPONSIBILITY TO INFORM THE TECHNICIAN

I further agree to indemnify and hold harmless Sheena Houston from any claim of liability, losses, damages, or any expenses whatsoever as a result of any claims, demands, damages, costs or judgments including, but not limited to, claims based on negligence against Sheena Houston, that may arise in connection with the services performed.

This Agreement is intended to be an addendum to any previous conditions, releases, or hold harmless agreements, in written form, verbal, or manually communicated between Sheena Houston and her client in connection with permanent makeup procedures.

I have been given a copy of this Consent prior to the permanent makeup procedures being performed, and has been given the opportunity to attain reasonable understanding of this Agreement, including the opportunity to ask questions, either by written, verbal or manual communication prior to the signing of this document.

As a client, I have a responsibility to inform the technician of all possible concerns. I understand that I must inform my technician of all medications being taken by me, even though I have written it on the I Medical History. For example, pain control medication such as aspirin may cause the blood to thin, and excessive bleeding may occur.

I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure, even though I may have written it on the form.

I am free from drug and alcohol use or any other substances.

I am not pregnant.

I have no known allergies to dye, such metals as iron, nickel, titanium any topical anesthetics.

I understand that taking Before and After pictures is a condition of such procedures. I hereby forever release and discharge Sheena Houston from any and all claims, action and demands arising out of use of photographs for promotions.

I have also read and understand Aftercare Treatment Instructions and recommendations, and I understand my responsibility to follow them to ensure proper healing of the treated area.

I release Sheena Houston of all claims for injury, seen or unseen that may occur as a result of this procedure.

I fully understand the questions, terms, and conditions of this Disclosure and Release Agreement. I accept to waive all my rights for any claim against Sheena Houston for any reasons may involve whatsoever.

I certify that this Disclosure and Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge.

Client name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner name: Sheena Houston

Signature: \_\_\_\_\_

Date: \_\_\_\_\_