STUDIO

Client Medical History Consent Form

Name _____ Date _____

Address _____ Phone _____

_____ Date of Birth _____

Email _____ Age _____

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy, not pregnant or nursing, and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.

To avoid unforeseen complications, please answer the following questions:

	YES	NO
1. Are you at least 18 years of age?	☐	☐
2. Have you had any alcohol within the last 24 hours?	☐	☐
3. Have you had any aspirin or blood thinning products within the last 7 days? If yes please list below.	☐	☐
4. Any mood altering drugs within the last 8 hours (Xanax, Prozac, Wellbutrin etc.) If yes please list below.	☐	☐
5. Do you take prescription drugs? If yes list below.	☐	☐
6. Do you have any history of cold sores, herpes or fever blisters?	☐	☐
7. Are you sensitive or allergic to latex?	☐	☐
8. Do you have problems with healing? Do you scar easily?	☐	☐
9. Do you bleed easily from minor skin injuries?	☐	☐
10. Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?	☐	☐
11. Are you allergic to any metal? If yes please list below. (I.e Can you only wear 14k gold?)	☐	☐
12. Have you ever had any permanent makeup procedures before, prior to coming to JP Studio? If yes please list below.	☐	☐
13. Are you allergic to topical antibiotic numbing creams? If yes please list below.	☐	☐
14. Are you pregnant or nursing?	☐	☐
15. Are you required to take antibiotics during dental or invasive medical procedures?	☐	☐
16. Do you have any drug allergies? If yes, please list below.	☐	☐
17. Are you currently taking medication for high or low blood pressure? If yes please list below.	☐	☐
18. Do you intentionally tan-direct sun or tanning bed?	☐	☐
19. Have you experienced Hepatitis or Jaundice during the past 12 months?	☐	☐

If you answered yes to questions above it does not indicate you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to your technician as each person's body is unique. It may also indicate that based on health conditions that affect healing, it would be advisable or required for you to consult with your physician before proceeding.

If this form has not addressed a medical condition you have, please list it here:

How would your describe your skin?

Normal Dry

Very Dry Oily

Very Oily Mixed/Combination

How does your skin respond to the sun?

Never Burns Rarely Burns

Often Burns AlwaysBurns

Does your skin have problems healing?

Yes No

Are there any history of skin diseases or remarkable skin sensitivities?

Yes No

Are you currently under a Doctor's Care

Yes No

If Yes, Please state why :

Please list any surgeries or medical procedures you have undergone within the last year:

Please list any health issues you are experiencing now or within the last 2 years:

Vitamins or Supplements you take regularly:

Are you on hormone therapy (HRT or BC pills)?

Yes No

Have you ever had chemical peels, microdermabrasion or any resurfacing procedure?

Yes No

Within the last 30 days? If yes, How did your skin respond?

Do you use Accutane, Retin A, Renova, Adapalene or other prescription products?

Yes No

Within 1 year? If yes, How did you respond?

Are you currently using any products containing the following ingredients?

Glycolic Acid Lactic Acid

Exfoliating scrubs Hydroxy Acid

Vitamin A

Do you ever experience these conditions?

Flakiness Tightness

Obvious dryness

What SPF sunscreen do you use?

Do you experience oily shine during the day?

Yes No

Do you experience breakouts?

Yes No

If yes how often?

Do you experience burning, itching, or other skin irritations regularly?

Yes No

If yes, indicate the area:

Nose Chin

Forehead Cheeks

I confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any pertinent information that may be relevant to my treatment and will advise the staff of any health changes.

Name _____ Signature _____ Date _____

Informed Consent Form

Name _____ Date _____

Initials	
_____	I have informed JP Studio of any and all health problems.
_____	It has been explained to me that immediately after the procedure(s) is completed, the color will appear dark and the design will appear to be thicker.
_____	It has also been explained to me that within a short period of time (usually after day 7-10 days) during the healing process, the color will lighten/soften, and the design/procedure will heal thinner than it looked the day it was performed.
_____	I acknowledge that hyper-pigmentation (darkening of the skin) or hypo-pigmentation (absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that my technician cannot predict how my body will react as a result of this procedure.
_____	**Applies to lip procedure only:** I am aware that the Herpes Zoster 1 Virus (fever blister or cold sores) may manifest with the lip procedure due to trauma to the lip tissue.
_____	I have informed JP Studio of any and all health problems.
_____	I understand that I cannot tan my skin. Even after I am healed, sun exposure will affect the retention of the pigment. I am aware that after each procedure I will need to stay out of direct sun for 3-4 weeks and or protect the treatments area well when exposed to the sun.

Initials	
_____	I understand I cannot do any peels or lasers for at least 60 days after today's procedure.
_____	I understand that If I do frequent peels and lasers, my permanent makeup may fade quicker
_____	I understand that Retinols/Retin-A's, and any other anti-aging creams or serums containing acids WILL fade my permanent makeup prematurely, even after it is healed.
_____	I understand that I must wait 3-4 weeks after my procedure before having botox or fillers injected.
_____	I understand that I am NOT a good candidate for microblading if I have large pores or oily/severely oily skin, and that my results will appear softer/solid or powdered looking.
_____	I understand that the treated area may appear uneven, dry, itchy, tender, red/dark, and irritated. This is all 100% normal. I also agree not to pick at my eyebrows or treatment area and that these symptoms will dissipate each day and vary on an individual basis.
_____	I understand that color will fade/soften anywhere from 20% to 50% (this can be up to 70% for lips) and that during the touch up we will adjust/fine tune any areas that have faded or become patchy. I understand that healing is specific to each client. I realize that I will need a color boost every year to maintain its fresh natural appearance.

(continued)

Informed Consent Form

Initials

_____ I understand that fading WILL happen after each procedure. I understand JP Studio has NO control over my body's healing process. I understand that I may still need to powder and/or pencil in the area even after the healed results. This is an only an enhancement to my natural eyebrows and at some point I will no longer be able to keep having my eyebrows redone. I understand that each time a procedure is performed on me, scar tissue is made. I understand that this is universal, the pigment will take less and less each time.

_____ I understand that once I have my initial procedure / permanent makeup done by JP Studio and I choose to go elsewhere for my touch ups because I have failed to maintain my appointment. I understand that should I choose to go elsewhere, JP Studio will longer be responsible for my results and will not do any future services on me.

_____ I understand that if I have had previous permanent makeup and fail to notify JP Studio prior, JP Studio can refuse service to me.

Initials

_____ I understand that If I am on any of the following medications, that I will have increased bleeding, and the pigment WILL NOT retain properly. And please select if you are on one of the below medications.

Triflusal (Disgren)	Clopidogrel (Plavix)
Prasugrel (Effient)	Ticagrelor (Brilinta)
Ticlopidine (Ticlid)	Cilostazol(Pletal)
Vorapaxar (Zontivity)	Dipyridamole (Persantine)
Coumadin	Pradaxa (Dabigatran)
Xarelto (rivaroxaban)	

_____ I understand and confirm (to the best of my knowledge) that the answers I have given are correct and that I have not withheld any pertinent information that may be relevant to my treatment and will advise the staff of any health changes.

Name _____ Signature _____ Date _____