

Standardized Form AAM

CONFIDENTIAL MEDICAL PROFILE



Name:		Date:	
Address:		(City)	(State)
		(City)	(Zip)
Phone: ()		Cell: ()	
Area Code		Area Code	
Email:		Referred By:	

To avoid unforeseen complications please answer the following questions:

- | | | | |
|--|--|---------------------------|--------------------------|
| Are you under the age of 18 ? | If YES please have Legal Guardian Initial here _____ | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you taken any aspirin or blood thinning products within the last 7 days ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Any mood altering drugs within the last 8 hours ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have any history of Cold Sores, Herpes or Fever Blisters ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you sensitive to Latex ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you had a chemical or laser peel ? If YES, WHEN ? _____ | | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you have problems with healing ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Previous problems with Tattoos, or has your Physician advised you not to have a Tattoo at this time ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you currently undergoing radiation or chemotherapy ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you currently using Retin A or "Alpha Hydroxy" skin care products ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Do you wear Contact Lenses ? <i>If YES, I understand that they must be removed during my eyeliner procedure and should NOT be replaced until the next day.</i> | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you allergic to any Metals ? (e.g., you can only wear 14K gold) | | Yes <input type="radio"/> | No <input type="radio"/> |
| Have you ever had any permanent make-up procedures before ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Medication, including immunosuppressive such as anti-inflammatory or steroids ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Withdrawal from caffeine products ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you allergic to topical antibiotic preparations or desensitizers ?
(e.g. Polysporin, Bacitracin, Neosporin or "Caine" family of drugs or Petroleum) | | Yes <input type="radio"/> | No <input type="radio"/> |
| Is there any history of skin diseases or remarkable skin sensitivities ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you presently taking Vitamins A and/or E in any form ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you pregnant or nursing ? | | Yes <input type="radio"/> | No <input type="radio"/> |
| Are you required to take antibiotics during dental or invasive medical procedures ? | | Yes <input type="radio"/> | No <input type="radio"/> |

Please check any of the following which pertain to you:

- | | |
|--|--|
| <input type="radio"/> Heart Conditions
<input type="radio"/> Allergies to Makeup
<input type="radio"/> Accutane treatment
<input type="radio"/> Dry eyes
<input type="radio"/> Keloid or Hypertrophy scars
<input type="radio"/> Diabetes
<input type="radio"/> Stroke
<input type="radio"/> Chest pains
<input type="radio"/> Shortness of breath
<input type="radio"/> Alopecia
<input type="radio"/> Epilepsy/seizures of any kind)
<input type="radio"/> Autoimmune disorders
<input type="radio"/> Occular Herpes
<input type="radio"/> Trichotillomania | <input type="radio"/> Hepatitis/Jaundice/HIV
<input type="radio"/> Kidney disease
<input type="radio"/> Tendency to develop fever
<input type="radio"/> Blisters on the lip
<input type="radio"/> Tendency to bleed excessively
From minor injuries
<input type="radio"/> Keloid formation
<input type="radio"/> Hyper-pigmentation
(Darkening of the skin)
<input type="radio"/> Hypo-pigmentation
(lightning of the skin)
<input type="radio"/> Refractive Eye Surgery
<input type="radio"/> Glaucoma
<input type="radio"/> Cancer (any type) |
|--|--|

Please explain any checked questions and list any other medical conditions & LIST ALL your medications:

Doctors Name: _____ **Phone:** _____

Practitioner makes no attempt to, or claim to practice medicine. Some individuals will have complications related to permanent makeup application. These conditions are usually mild and last only a few days, however extreme complications are always a possibility. If you are healthy 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.

Client Signature: _____ **DATE:** _____

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Consent Form for Permanent Cosmetics



I hereby request & consent to the application of permanent color & consent to the following procedures performed by:

Please check any of the following which pertain to you:

- | | | | |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Eyeliner | <input type="checkbox"/> Eyebrows | <input type="checkbox"/> Lip Liner | <input type="checkbox"/> Areola Re-pigmentation |
| <input type="checkbox"/> Scar Camouflage | <input type="checkbox"/> Beauty Mark | <input type="checkbox"/> Full Lip Color | <input type="checkbox"/> Other _____ |

✓ Please read and initial the following statements: **Initial**

I understand that the process used to apply color is not a one-step process and requires subsequent visits to achieve desired results. I further understand that the fee includes my first visit and ONE perfecting visit. Maintenance touch-ups are scheduled as needed and may vary from six months to three years. Fees for maintenance visits, pigment replacements, and scar camouflage are based on an hourly fee. _____

I understand that with time pigment can and will fade and change color according to metabolism, skin type, medications, age, smoking, alcohol, sun exposure, Retin A and Glycolic Acids. _____

I acknowledge that no guarantees have been made to me concerning the results of this procedure and that the professional recommendation is a NATURAL LOOK. _____

I understand the nature of the procedure and possible complications or adverse effects that may occur as a result of applied pigments. I fully understand this is a tattooing process, therefore not a science but an art ? _____

I have received and acknowledged pre- and post-procedure instructions and agree to strictly adhere to such instructions. _____

I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone & color of my skin. _____

I understand the taking of before and after photographs of procedures are required. _____

- The known possible complications from micro-pigmentation are redness, swelling, puffiness, bruising, dry patches and tenderness. It is normal to lose approximately 1/3 of the color during the healing process. After most procedures the color may be a shade too dark. In six days it will appear too light. After 10 days the color will show more initially. It will appear softer when completely healed as the color will come from the dermal layer of the skin to the epidermal layer of the skin. In the event of a CAT scan or MRI, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation may occur during the procedure.

Client Signature: _____ **DATE:** _____

Witness Signature: _____ **Practitioners Signature:** _____

DATE: _____

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Informed Consent



The nature and method of the proposed Permanent Makeup (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side-effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling: fever blisters may occur on the lips following lip procedures in individuals prone to this problem. Fading or loss of pigment may occur. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____ acknowledge by signing below, that I have been given full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from _____ and /or any associates. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- | ✓ | Please read and initial the following statements: | Initial |
|-----------------------|---|----------------|
| <input type="radio"/> | I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure, and I agree to accept the risk that such a reaction is possible. I have informed the practitioner of any existing problems. | _____ |
| <input type="radio"/> | I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed. | _____ |
| <input type="radio"/> | I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure. | _____ |
| <input type="radio"/> | I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result. | _____ |
| <input type="radio"/> | I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants, and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such change in my appearance may not be correctable through further Permanent Make-up procedures. | _____ |
| <input type="radio"/> | For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s). | _____ |
| <input type="radio"/> | I acknowledge that the obtaining of Permanent Make-up procedure(s) is made by choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner's associates reasonably necessary to perform the procedure(s). | _____ |

I have read and understand the contents of each paragraph above. I acknowledge this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent to the procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____

DATE: _____
DATE: _____

(If under 18 - Signature of parent or legal guardian)

I have personally reviewed the above information with my client or the client's representative.

Witness Signature: _____ **Practitioners Signature:** _____

DATE: _____

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Healing Schedules



LIPS

Day & Effect

1. Swelling, tender, heavy thick lipstick look with a reddish brick color effect.
2. Slight swelling, reddish and tender with a slight metallic flavor.
3. Less swelling, thicker texture, sore, hot feeling before exfoliation with an orange color effect.
4. Exfoliation begins, very chapped lips.
5. Very chapped but almost finished with first chapping stage.
6. A soft, rich color begins to appear.
7. Days 7-13 Lip color disappears and the “frosty” (2nd chapping stage) stage begins as a whitish/grayish haze on the lips.
8. Day 14 Color “blooms” from within more and more each day until day 21 (3 weeks post-procedure).
9. Day 21 Healing complete; the color you see is the color you have. Your lips will remain a bit dry for a month or two, Use a good lip balm and they will return to normal but with full color !

EYELINER

Day & Effect

1. The eyebrows are approximately 20 to 25% darker and bolder in width than they will be when healed. Your skin is red under the pigment which causes the color of the pigment to appear darker. There is some swelling, although difficult to actually see due to the thickness of the skin in the eyebrow area. This will subside. Exfoliation, which begins in a few days, will cause the excess pigment surrounding the eyebrow procedure to flake away and a more narrow appearance will result. New skin will heal over the pigmented area and result in a softer appearance of your eyebrows. Don't be concerned that your eyebrows initially appear darker and heavier in size than you desire, this is all part of the process.
2. Conditions remain the same.
3. Eyebrows start to itch and will appear a bit thicker in texture. Exfoliation begins.
4. The skin begins to flake peeling from the outside edges first.
5. Color finishes flaking off and appears softer and grayer for a few days until color clarifies.

NOTE: *Permanent make-up procedures are affected by the canvas (your skin) that they are performed on. If your skin is sun damaged (even from tanning beds), thick and uneven in texture, or excessively dry or oily, the result cannot be expected to be perfect after the initial procedure. Scars on the lips from fever blisters cause pigment removal. Life style, medications, smoking, metabolism, facial surgery, and age of skin all contribute to fading. Touch-ups are needed 30 days after your initial procedure to ensure the best result and to keep your permanent make-up looking its best. Your procedure maintenance, as outlined in your pre/post procedure directions, is very important.*

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Pre-Procedure Care

for Eyebrows, Eyeliner, Lip Liner and/or Full Lip Color



- All permanent cosmetics procedures are multi-session processes. You are required to come back for at least one touch-up visit before it can be determined that your work is complete. Touch-up visits are scheduled from four to eight week intervals.
- Be prepared for the color intensity of your procedure to be significantly larger, sharper, brighter or darker than what is expected for the final outcome. It will take time for this transition, based on how quickly the outer layer of your skin exfoliates.
- While these injected tones may initially simulate the exact color and tone desired, it will not always remain a perfect match. Injected tones are constant, while your own skin tones will vary depending on exposure to cold, heat, sun and circulatory changes. For example, if you tan your skin and had a scar camouflaged, your surrounding skin will be darker in appearance than the treated area.
- Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make any social plans for a day or two following any procedure.
- Wear your normal make-up and bring your lip or brow pencils to the office on the day of your procedure.
- Any tweezing or waxing should be done at least 48 hours prior to the procedure; electrolysis no less than 5 hours before. Do not resume any method of hair removal for at least two weeks.
- Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before or two weeks after the procedure.

***Do not wear contact lenses during or immediately following the eyeliner procedure.
Remember to bring your glasses.***

- You may resume wearing your contact lenses as soon as your eyes return to their pre-treatment condition.
- If you are having lip procedures and have any history of cold sores/fever blisters/herpes simplex, you will be required to contact your physician to obtain the proper prescription medication to prevent such outbreaks. Many physicians prescribe 12 capsules of 500mg Valtrex. These can be taken 2 times a day, two days before micro-pigmentation and four days after or as physician prescribes.

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Post-Procedural Care



EYELINER

Expect light to moderate swelling and redness. Tea bags or ice packs may be used to minimize swelling the day of, and the day after the procedure. Use A&D Ointment or Vaseline around the treated area for 2-3 days following the procedure. You must use NEW mascara to avoid contamination.

EYEBROWS

Expect slight swelling, thickness or redness for 1-2 days following the procedure. Keep lightly glossed with A&D Ointment or Vaseline for 3-4 days. Wash with water and pat dry.

LIPLINER / LIPCOLOR

Expect moderate swelling, usually 1-2 days following the procedure. Applying ice for the first 2 hours is most important and continue throughout the day. Keep moist with A&D Ointment. Vaseline or Liprotek for the next 5-7 days, then switch to Chapstick or lipstick with an SPF of 15 or greater, as the sun tends to fade lip color quickly. After the procedure, the lips may appear to have too much color. You may add make-up to soften the color. After 3-4 days the color will become lighter as the epidermis sloughs off. It will appear that you have lost all your color; however, when your lips have healed completely the dermal layer will gradually become darker. Two or three applications may be required to achieve the desired results. It is not uncommon to lose up to 70% of the color on the first application.

SCAR CAMOFLAUGE / AREOLA RESTORATION

Keep area away from water for 24 hours. Keep moist with A&D Ointment or Xeroform for 3-5 days. No vigorous exercise for 24 hours.

REMEMBER:

- Do not use any Retin A or Glycolic Acid while healing !
- Do not use peroxide or Neosporin on ANY areas !
- Do not scrub or pick treated areas !
- Do not expose treated area to sun or tanning beds !
- Avoid facials, swimming and/ or whirlpools for at least 5 days !
- Do not dye or tweeze eyebrows for one week before and after procedure !

FAILURE TO FOLLOW POST-PROCEDURE INSTRUCTIONS MAY RESULT IN LOSS OR DISCOLORATION OF PIGMENT !

THE KNOWN POSSIBLE COMPLICATIONS FROM MICRO-PIGMENTATION ARE: REDNESS, SWELLING, PUFFINESS, BRUISING, DRY PATCHES, & TENDERNESS. IT IS NORMAL TO LOSE APPROXIMATELY 1/3 OF THE COLOR DURING THE HEALING PROCESS. AFTER INITIAL PROCEDURE, THE COLOR MAY BE A SHADE TOO DARK; IN SIX DAYS IT WILL APPEAR TOO LIGHT. AFTER 10 DAYS, THE COLOR WILL SHOW MORE, IT WILL APPEAR SOFTER WHEN COMPLETELY HEALED BECAUSE THE COLOR WILL COME FROM THE DERMAL LAYER OF THE SKIN TO THE EPIDERMAL LAYER OF THE SKIN.

PLEASE DO NOT HESITATE TO CALL IF YOU HAVE ANY QUESTIONS

Clients Signature

Please Print to complete this form and bring it with you on your 1st appointment

I will review your information and follow-up with you within 2 business days. All information submitted is held in the strictest of confidence, used to assess your needs, and only viewed by the owner of this website.

Contact Details (please print clearly)

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Mobil:	Email:

Are you under the care of a Physician ? Yes No

Details:

List ALL medications you are taking:

Services requested...Please check all areas of concern:

Lips Brows Lash/Liner Areola Scar Camouflage

Please check all that currently apply:

Taking Aspirin Herpes or Cold Sores High Blood Pressure
Blood Thinners Allergic to Latex Pacemaker
Bruise easily Hormone Replacement Using Exfoliating Products
Contact Lenses Tanning/Tanning Beds

If I have checked Herpes/Cold Sores, I am required to consult with my Physician about anti-viral options. I understand that it is my responsibility. An outbreak during healing can disrupt the final result of my procedure.

Best time to reach you ? AM PM

Comments / Questions ?
