

# MARIEL FRANK

PERMANENT MAKEUP ARTIST

## CUSTOM CONSULTATION FORM:

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

THE ARTIST MARIEL FRANK WILL PERFORM THE FOLLOWING PROCEDURE: \_\_\_\_\_

THE PROCEDURE LISTED ABOVE WILL BE LOCATED \_\_\_\_\_

ON MY BODY.

PIGMENTS USED: \_\_\_\_\_

PURA VIDA 406 SALON AND SPA 131 NORTH MAIN STREET LIVINGSTON MT 406.599.3029

RED UNION SALON 126 CENTRAL AVENUE WHITEFISH MT 59937 406.730.1001

**STATEMENT OF CONSENT AND RECITALS: PLEASE READ AND INITIAL ALL LINES**

\_\_\_ AFTERCARE INSTRUCTIONS HAVE BEEN EXPLAINED TO ME AND A WRITTEN COPY WILL BE GIVEN TO ME TO RETAIN IN MY POSSESSION, **WHICH I WILL FOLLOW TO THE BEST OF MY ABILITY.** IF I HAVE QUESTIONS I WILL CALL OR EMAIL YOU.

\_\_\_ I UNDERSTAND THAT A CERTAIN AMOUNT OF DISCOMFORT IS ASSOCIATED WITH THIS PROCEDURE AND THAT SWELLING, REDNESS AND BRUISING MAY OCCUR.

\_\_\_ I UNDERSTAND THAT RETIN A, RENOVA, ALPHA HYDROXY AND GLYCOLIC ACIDS MUST NOT BE USED ON THE TREATED AREAS. THEY WILL ALTER THE COLOR.

\_\_\_ I UNDERSTAND THAT SUN, TANNING BEDS, POOLS, SOME SKIN CARE PRODUCTS AND MEDICATIONS CAN AFFECT MY PERMANENT MAKEUP.

\_\_\_ I WILL TELL ALL SKIN CARE PROFESSIONALS OR MEDICAL PERSONNEL ABOUT MY PERMANENT MAKEUP PROCEDURES, ESPECIALLY IF I'M SCHEDULED FOR AN MRI.

\_\_\_ I ACCEPT THE RESPONSIBILITY FOR MY EXPLANATION TO YOU MY DESIRE FOR SPECIFIC COLORS, SHAPE AND POSITION FOR ANY PROCEDURE DONE TODAY.

\_\_\_ I UNDERSTAND THAT IMPLANTED PIGMENT COLOR CAN SLIGHTLY CHANGE OR FADE OVER TIME DUE TO CIRCUMSTANCES BEYOND YOUR CONTROL AND I MAY NEED TO MAINTAIN THE COLOR WITH FUTURE APPLICATIONS AND A TOUCH UP SESSION WITHIN 3 MONTHS.

\_\_\_ I ACKNOWLEDGE THAT THE PROPOSED PROCEDURE(S) INVOLVE RISKS INHERENT IN THE PROCEDURE AND HAVE POSSIBILITIES OF COMPLICATIONS DURING AND/OR FOLLOWING THE PROCEDURES SUCH AS: INFECTION, MISPLACED PIGMENT, POOR COLOR RETENTION AND HYPER-PIGMENTATION.

\_\_\_ I HAVE BEEN QUOTED THE COST OF TODAY'S APPOINTMENT. I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME THE CONTENTS OF THIS FORM. I UNDERSTAND THE RISKS AND ALTERNATIVES INVOLVED IN THIS PROCEDURE(S) AND I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND ALL OF MY QUESTIONS HAVE BEEN ANSWERED. I ACKNOWLEDGE THAT I HAVE REVIEWED AND APPROVED THE MATERIAL GIVEN TO ME AND I AUTHORIZE MY TECHNICIAN TO PERFORM ON MY BODY THE PERMANENT MAKEUP PROCEDURE DESIRED TODAY .

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## CONSENT AND RELEASE AGREEMENT

THIS FORM IS DESIGNED TO GIVE INFORMATION NEEDED TO MAKE AN INFORMED CHOICE OF WHETHER OR NOT TO UNDERGO A SEMI-PERMANENT MAKE UP APPLICATION. IF YOU HAVE QUESTIONS, PLEASE DON'T HESITATE TO ASK.

ALTHOUGH PERMANENT MAKEUP IS AFFECTIVE IN MOST CASES, NO GUARANTEE CAN BE MADE THAT A SPECIFIC CLIENT WILL BENEFIT FROM THE PROCEDURE.

THIS IS THE PROCESS OF INSERTING PIGMENT INTO THE DERMAL LAYER OF THE SKIN AND IS A FORM OF TATTOOING.

ALL INSTRUMENTS THAT ENTER THE SKIN OR COME IN CONTACT WITH BODY FLUIDS ARE DISPOSABLE AND DISPOSED OF AFTER USE. CROSS CONTAMINATION GUIDELINES ARE STRICTLY ADHERED TO.

GENERALLY, THE RESULTS ARE EXCELLENT. HOWEVER, A PERFECT RESULT IS NOT A REALISTIC EXPECTATION. IT IS USUAL TO EXPECT A TOUCH-UP AFTER THE HEALING IS COMPLETED. INITIALLY THE COLOR WILL APPEAR MUCH MORE VIBRANT OR DARKER COMPARED TO THE END RESULT. USUALLY WITHIN 5-7 DAYS THE COLOR WILL FADE 40-50%, SOFTEN AND LOOK MORE NATURAL. THE PIGMENT IS SEMI-PERMANENT AND WILL FADE OVER TIME AND WILL LIKELY NEED TO BE TOUCHED-UP WITHIN 6 MONTHS TO 18 MONTHS. PLEASE NOTE THAT COLOR MAY FADE FASTER ON OILY SKIN.

## PHOTOGRAPHY RELEASE CONSENT

WE WOULD LIKE YOUR PERMISSION TO USE THESE PHOTOS FOR ADVERTISING. FOR EXAMPLE, IN PORTFOLIOS, ONLINE AND IN PRINT ADS, ETC. YOUR CONSENT IS NECESSARY REGARDING THIS. PLEASE CIRCLE AND INDICATE WITH YOUR SIGNATURE IF YOU WOULD LIKE YOUR PHOTOS USED OR NOT USED IN ADVERTISING.

YES, FEEL FREE TO USE THEM

NO, PLEASE DO NOT USE THEM

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## CLIENT MEDICAL HISTORY FORM

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_

DO YOU PRESENTLY HAVE OR PREVIOUSLY HAD ANY OF THE FOLLOWING: (CIRCLE YES OR NO)

YES NO HISTORY OF MRSA

YES NO BOTOX

YES NO DIABETES

YES NO LIP FILLERS/ RESTYLANE/ JUVEDERM

YES NO COLD SORES/ FEVER BLISTERS EVER?

YES NO BLEPHAROPLASTY (EYELID SURGERY)

YES NO HEPATITIS (A,B,C,D)

YES NO FOREHEAD/BROW LIFT

YES NO EASY BLEEDING

YES NO FACE LIFT

YES NO ALCOHOLISM

YES NO EYE SURGERY/ INJURY/ CORNEAL ABRASION

YES NO ABNORMAL HEART CONDITION

YES NO CONTACT LENSES NOW

YES NO TAKE MEDS BEFORE DENTAL WORK

YES NO CHEMICAL PEEL (LAST TREATMENT \_\_\_\_\_)

YES NO PREGNANT NOW/ BREAST FEEDING NOW

YES NO BROW OR LASH TINTING

YES NO AUTOIMMUNE DISORDER

YES NO OILY SKIN

YES NO CANCER YEAR \_\_\_\_\_

YES NO ACCUTANE OR ACNE TREATMENT

YES NO CHEMOTHERAPY/ RADIATION

YES NO TAN BY BOOTH OR SUN

YES NO TUMORS/ GROWTHS/ CYSTS

YES NO DIFFICULTY NUMBING WITH DENTAL WORK

YES NO TAKING BLOOD THINNERS SUCH AS: ASPIRIN, IBUPROFEN, ALCOHOL, COUMADIN, ETC.

YES NO ALLERGIC REACTION TO ANY MEDICATIONS SUCH AS LIDOCAINE, TETRACAINE, EPINEPHRINE, DERMACAINE, BENZYL ALCOHOL, CARBOPOL, LECITHIN, PROPYLENE GLYCOL, VITAMIN E ACETATE, ETC.

LIST \_\_\_\_\_

YES NO ALLERGIES TO METALS, FOOD, ETC.

YES NO ANY DISEASES OR DISORDERS NOT LISTED:

YES NO DO YOU USE SKIN CARE PRODUCTS CONTAINING RETIN-A, GLYCOLIC ACID OR ALPHA HYDROXYL?

PLEASE LIST MEDICATION OR VITAMINS YOU'RE PRESENTLY TAKING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I HAVE PROVIDED A WRITTEN PHYSICIANS REFERRAL BECAUSE I MEET ONE OR MORE OF THE FOLLOWING CRITERIA

A. I AM TAKING A DRUG OR DIETARY SUPPLEMENT THAT INDUCES BLEEDING TENDENCIES OR REDUCES CLOTTING

B. I HAVE A MEDICAL CONDITION THAT IS KNOWN TO CAUSE BLEEDING TENDENCIES OR REDUCE CLOTTING

C. I SHOW SIGNS OF INTRAVENOUS DRUG USE

D. I HAVE A SUNBURN, A SKIN DISEASE SUCH AS PSORIASIS OR ECZEMA, A SKIN INFECTION, OR LESION SUCH AS A MOLE AT THE PROPOSED SITE OF PROCEDURE

E. I HAVE ALLERGIES OR CONTACT SENSITIVITY TO PIGMENTS, SOAPS, OR OTHER SUBSTANCES THAT MAY BE USED IN THE PROCEDURE

I AGREE THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

## POSSIBLE RISKS, HAZARDS OR COMPLICATIONS

- **PAIN:** THERE CAN BE PAIN EVEN AFTER THE TOPICAL ANESTHETIC HAS BEEN USED. ANESTHETICS WORK BETTER ON SOME PEOPLE THAN OTHERS.
- **INFECTION:** THE AREAS TREATED MUST BE KEPT CLEAN AND ONLY FRESHLY CLEANED HANDS SHOULD TOUCH THE AREAS. SYMPTOMS OF INFECTION MAY INCLUDE FEVER, SWELLING REDNESS OR DRAINAGE. CONSULT A LICENSED MEDICAL PROVIDER IF SYMPTOMS OF INFECTION OR OTHER COMPLICATIONS OCCUR.
- **UNEVEN PIGMENTATION:** THIS CAN RESULT FROM POOR HEALING, INFECTION, BLEEDING OR MANY OTHER CAUSES. YOUR FOLLOW UP APPOINTMENT WILL LIKELY CORRECT ANY UNEVEN APPEARANCE.
- **ASYMMETRY:** EVERY EFFORT WILL BE MADE TO AVOID ASYMMETRY BUT OUR FACES ARE NOT SYMMETRICAL SO ADJUSTMENTS MAY BE NEEDED DURING THE FOLLOW UP SESSION TO CORRECT ANY UNEVENNESS.
- **EXCESSIVE SWELLING OR BRUISING:** SOME PEOPLE BRUISE AND SWELL MORE THAN OTHERS. ICE PACKS MAY HELP AND THE BRUISING AND SWELLING TYPICALLY DISAPPEARS WITH 1-5 DAYS. SOME PEOPLE DON'T BRUISE OR SWELL AT ALL.
- **ANESTHESIA:** TOPICAL ANESTHETICS ARE USED TO NUMB THE AREA TO BE TATTOOED. LIDOCAINE, PRILOCAINE, BENZOCAINE, TETRACAINE AND EPINEPHRINE IN A CREAM OR GEL FORM ARE TYPICALLY USED. IF YOU ARE ALLERGIC TO ANY OF THESE PLEASE INFORM ME NOW.
- **MRI:** BECAUSE PIGMENTS USED IN PERMANENT COSMETIC PROCEDURES CONTAIN INERT OXIDES, A LOW LEVEL MAGNET MAY BE REQUIRED IF YOU NEED TO BE SCANNED BY AN MRI MACHINE. YOU MUST INFORM YOUR TECHNICIAN OF ANY TATTOOS OR PERMANENT COSMETICS.
- **ALLERGIC REACTION:** THERE IS A SMALL POSSIBILITY OF AN ALLERGIC REACTION. YOU MAY TAKE A 5-7 DAY PATCH TEST TO DETERMINE THIS.

PLEASE INITIAL TO: WAIVE \_\_\_\_\_ OR TAKE \_\_\_\_\_ .

THE ALTERNATIVE TO THESE POSSIBILITIES IS TO USE COSMETICS AND NOT UNDERGO THE PERMANENT MAKEUP PROCEDURE.

CONSENT AND RELEASE FOR PROCEDURES PERFORMED:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_