



CLIENT CONSENT

Client Registration

Name

Date.....

Address.....
.....

Phone

Email.....

Date of Birth _____ Driver's
License.....

Ethnicity (to determine color choice)
.....

How would you describe your skin (circle one)

Mediterranean (olive) + Transparent (fair) + Translucent (clear, blue undertone) +
Ruddy (rosy red) + Native American (mistaken for olive but really warm undertone) +
Golden Girl (peaches & cream) + Asian (sallow tone) + African (dark)

Emergency

Contact.....

Relationship

Number.....

Why do you want permanent
makeup?.....

How did you hear about
me?.....
.....

Photo Release

I, the Client, authorize Yulia Meoded unrestricted use of before and after
photographs to include but not limited to portfolio and explaining procedures
.....

Medical History

Are you currently under the care of a doctor or hospital specialist? YES NO

If yes, please list the relevant details of your Doctor and condition:

.....

Please list any medication you are taking:

.....Do you wear any of the following: CONTACT LENSES GLASSES DENTURES

Please remove contacts before procedures to the eyes.

Have you recently undergone, or plan to have, any elective or necessary surgery or laser procedures? YES NO

If yes, please explain:

.....
Are you allergic to (circle any that apply)

Latex Glycerin Paba
Epinephrine Caine Products Other

Do you take any of the following medications

Accutane Aspirin Anabuse Blood thinners Insulin
Anti-coagulants Steroids Synthroid High blood pressure

Please circle all the medical conditions that apply to you

| | | | | |
|-------------|------------------------|----------------|-----------|--------------------|
| Blepharitis | Autoimmune Disorders | Mental Illness | Lupus | Bleed Easily |
| Dry Eye | Pregnant/Breastfeeding | Dermatitis | Thyroid | Diabetes |
| Cancer | High Blood Pressure | Hemophilia | Alopecia | Metal Allergies |
| Epilepsy | Eye Disorders | HIV/AIDS | Hepatitis | Conjunctivitis |
| Keloids | Hormone Therapy | Oily skin | Asthma | Facial Trauma |
| Cold Sores | Skin Disorder | Hematomas | Latisse | Infectious Disease |
| Allergies | Chemotherapy/Radiation | Glaucoma | Fainting | Healing Problems |

Please list all other major medical conditions.....

.....

Do you have Botox or other injections to the face? If yes, when YES
NO

Have you ever had lip enhancement with fillers (Restalin, Juvaderm)? YES
NO

Have you ever had permanent makeup done before? YES
NO

Do you use Retin A, Renova, other retinol products, glycolic acids regularly? YES
NO

If yes, please confirm you have stopped at least 2 weeks prior to today's procedure
..... Initial

Have you used Accutane in the last 18 months? YES

NO

Do you use or plan to use Latisse or another lash growth product? YES

NO

If yes, please confirm that you acknowledge that the use of Latisse prior to the procedure or before healing may lead to extreme irritation and loss of pigment

..... Initial

Do you swim or tan (tanning bed) YES

NO

I have/will not tan before or after the procedure Initial

Do you suffer from or have any problems with scars healing YES

NO

I understand the importance of my accurate and complete medical history. And that withholding any medical information may be detrimental to my health and safety during the procedure. I understand that if there is any change in my medical history that it is my responsibility to advise my specialist.

Signature

Date

.....

Statement of Consent and Recitals. Please Initial Each!

..... Before and after instructions have been explained orally and a written copy has been given to me to retain in my possession which I will follow to the best of my ability. If I have any questions, I will call the technician who performer my procedure.

..... I understand that a certain amount of discomfort is associated with this procedure and that minor or temporary swelling or redness may occur following the procedures in individuals who are prone to this problem. As a result, loss of pigmentation may occur

..... I understand that ALL permanent makeup applications are considered multi session procedures, requiring a minimum of two sessions to perfect. Allow 30 days to properly assess healing and evaluation for touch up sessions.

..... I understand that ANY exposure to sun, tanning beds, pools, anti-aging skin care products (Retin A, Renova), chemical peels, lasers, etc. may effect my permanent makeup.

..... I understand that Retin A or Renova must not be used around the treated areas long term. And that I must stop using retinol products no less that 2 weeks before the procedure.

..... I understand that I must be off Accutane for a minimum of 18 months prior to receiving my permanent makeup.

..... I understand that successful saturation cannot be guaranteed due to hidden scar tissue.

..... I understand that I must wait for a period of one year following any tattoo procedure before donating blood. (Check with donation center for more information)

..... I understand that I must inform all skin care professionals, medical personnel, or cosmetic tattoo technician of any permanent makeup treatments that I have received.

..... I understand that I must inform all medical personnel about my permanent makeup prior to an MRI.

..... I accept the responsibility for explaining my desire for specific color, shape, and position for eyebrows, eyeliner, and lip liner.

..... I understand that since permanent makeup is an art and not a science, the outcome of the procedure cannot be guaranteed. There are so many variables (medications, skin care routine, etc.) related to each client that affect the outcome of any permanent makeup procedure.

..... I understand that implanted pigment can turn color or fade over time due to circumstances beyond the control of the performing technician and alter the original pigment color.

..... I understand that I will need to maintain color with future applications. Sun, skin care products, pools, and other factors can contribute to pigment fading.

..... The nature of the proposed permanent makeup procedure has been explained.

..... I understand and accept all risks and possible complications that may arise from this procedure.

..... I hereby consent to having permanent makeup applied by Yulia Meoded.

..... I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and the possibility of complications during the procedure. Those complications can be, but are not limited to, infections, misplacement of pigment, poor color retention, or hyperpigmentation.

..... I have answered all questions truthfully and to the best of knowledge.

..... I understand that I can have an allergy patch test by request, but I am forgoing this right today. I understand that a negative patch test result does not guarantee that a reaction will not occur, even years later.

..... I certify that I have read and understand all of the above.

Arbitration Agreement

In the event of any controversy/disagreement between the CLIENT and the TECHNICIAN, involving in a claim or “tort” and “all other claims”, the same shall be submitted to arbitration. Within 15 days after the CLIENT and the TECHNICIAN shall give notice to the other of demanding arbitration of such controversy, the parties to the controversy shall appoint an arbitrator and give notice of such appointment to the other. Within a reasonable amount of time after such notices have been given, the two arbitrators, so elected, shall select a neutral arbitrator and give notice of selection thereof to the parties. The arbitrator shall hold a hearing within a reasonable amount of time from the date of selection of the neutral arbitrator. All notices of other papers required to be served shall be served by the United States Postal Service.

Signature Date

I have paid \$..... for the procedures:

I understand that there will be no refunds after treatment of this elective procedure(s). I understand that my payment covers the initial application and a touch up within 30-45 days from the initial application. It is the responsibility of the client to contact the technician to schedule a touch up.

NOTE: If the client has only one application, then decides after the maximum 45 days grace period for touch ups, or desires additional applications, there will be a minimum of \$200.00 charge per procedure. This is because permanent makeup must be layered or the final result may appear faded. A total of at least two applications are needed to achieve the desired outcome. Touch up sessions should be scheduled and occur within 45 days of the previous application.

Signature Date

Printed Name Date

For technician’s use

| DATE | AREA | PIGMENT USED | NEEDLE | NOTES |
|------|------|--------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |

