



perfect**brow**design

Medical History and Indemnity Form

Date _____

Name _____ DOB _____

Address _____

Postcode _____ Occupation _____

Business Phone _____ Home Phone _____ Mobile _____

Email _____

Emergency Contact _____ Phone _____

Medical Practitioner _____ Phone _____

How did you hear about Perfect Brow

Design? _____

General Medical Information

ALLERGIES; Have you ever had a reaction following exposure to any of the following?

PABA If yes, describe _____

Lanolin If yes, describe _____

Novocain If yes, describe _____

Lidocaine If yes, describe _____

Latex Protein If yes, describe _____

Metals If yes, describe _____

Foods If yes, describe _____

Other drugs If yes, describe _____

Other If yes, describe _____

Which of the following is true to your skin type?

- Always burn easily, never tan
- Always burn easily, moderately tan
- Burn moderately, tan gradually
- Always tan, burn minimally
- Tan quickly, rarely burn
- Heavy pigmented skin, never burn

Have you ever suffered from any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Acute Rheumatism | <input type="checkbox"/> Recent Operations |
| <input type="checkbox"/> Medical Oedema | Details _____ |
| <input type="checkbox"/> Any condition already being treated
by a GP, Dermatologist or another
skin specialist | <input type="checkbox"/> Asthma |
| Specify _____ | <input type="checkbox"/> Trapped, pinched or inflamed nerve. |
| <input type="checkbox"/> Nervous/psychotic condition | Where _____ |
| Specify _____ | <input type="checkbox"/> Bell's Palsy |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Arthritis | Type _____ |
| | <input type="checkbox"/> Other _____ |

Are any of the following currently applicable to you?

- Any metal pins or plates
Where_____
- Areas of undiagnosed pain
Details_____
- Artificial tan until the product has faded from the skin
- Bruises
Where_____
- Connective Tissue disorders (scleroderma)
- Cancer
Details_____
- Cardio-vascular conditions (Thrombosis, phlebitis, hyper/hypotension, heart conditions)
Details_____
- Cataracts
- Contact Lenses
- Contagious or Infectious diseases
Specify_____
- Cuts/Abrasions
Where_____
- DRUGS, medications or herbal remedies that cause photosensitization, skin or blood

- thinning effects
Specify_____
- Epilepsy
- Fever
- Implants, fillers, injectables in the treatment area
Details_____
- Glaucoma
- Hemophilia or other clotting disorder
- Keloid scars
Where_____
- Loss of Sensitivity
Where_____
- Pregnancy
- Sunburn
- Suntanned skin
- Skin pigments conditions (vitiligo, melasma, moles and pigmented naevi/ freckles on treatment area)
Details_____
- Thyroid abnormalities
- Tattoos in treatment area
- Under influence of drugs or alcohol
- Undiagnosed lumps
Where_____

Previous treatment/s on area?

- | | |
|---|---|
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Shaving |
| <input type="checkbox"/> Threading | <input type="checkbox"/> Cosmetic tattoo |
| <input type="checkbox"/> Cosmetic Surgery | <input type="checkbox"/> Micro pigmentation |
| <input type="checkbox"/> Depilatory cream | <input type="checkbox"/> Microdermabrasion |
| <input type="checkbox"/> Sugaring | <input type="checkbox"/> LED light therapy |
| <input type="checkbox"/> Traditional tattoo | <input type="checkbox"/> Bleaching |
| <input type="checkbox"/> Epilation | <input type="checkbox"/> Tweezing |

Have you had any recent surgery?

- Yes
- No

If yes, please provide details _____

Are you planning on having any surgery in the near future?

- Yes
- No

If yes, please provide details _____

Are you suffering from any other medical conditions that have not been covered or is there anything else we should know that may affect your treatment?

- Yes
- No

If yes, please provide details _____

This is a true and accurate statement of my medical history, past and present. I am aware that failure to disclose information pertinent to my treatment could have serious healing ramifications to the tattoo site. I am also aware that failure to disclose information pertinent to my treatment could have a direct bearing on the treatment outcome.

Date _____ Date _____

Client Name _____ Technician Name _____

Signature _____ Signature _____

I consent to having the following treatment/is performed, plus any future treatment/s of the same area or type on this date and future dates.

- | | |
|--|--|
| <input type="checkbox"/> Upper eyeliner, Lash enhancement,
Shading, Smudge or Wetline | <input type="checkbox"/> Lip blush |
| <input type="checkbox"/> Lower eyeliner, Lash enhancement,
Shading, Smudge or Wetline | <input type="checkbox"/> Full lip |
| <input type="checkbox"/> Eyebrow shading | <input type="checkbox"/> Areola Tattooing |
| <input type="checkbox"/> Eyebrow feather hair strokes | <input type="checkbox"/> Scar camouflage |
| <input type="checkbox"/> Lip line | <input type="checkbox"/> Radiation scar camouflage |

Date _____ Date _____

Client Name _____ Technician Name _____

Signature _____ Signature _____

Consent and Indemnity Form

Please read the following carefully and tick the boxes when you agree with the statements. You may need to wait to talk to your technician before you can fill out this part of the form.

- The nature and method of the proposed procedure has been explained to me by a technician in addition to the usual risks and the possibility of complications during the following procedure. This is a tattooing procedure only.
- I understand that, in order to get the best possible result, I might need 1 or 2 or in some cases due to skin type several treatments as discussed and explained by the technician. I will be charged for all subsequent treatments after any perfection visits covered in packages. I understand that cosmetic tattooing results are patchy after 1 session in most cases for brow and lip tattooing due to the tattoo being placed in the top level of the skin and will attend the perfection visit to complete my tattooing service.
- I understand that there may be some but minor degree of discomfort during the treatment and after treatment but rare, including skin reactions such as inflammation, redness and swelling, as well as other adverse effects explained to me in regards to having this procedure.
- I understand that each case is *individual* and *results may vary* from person to person, or treatment to treatment due to many variables such as; hormonal changes, condition/quality of skin/hair, sun exposure, medications and general health and immune function etc.
- I understand that this is a cosmetic treatment and that no medical claims are expressed or implied.
- I understand that although complications are rare, sometimes an unexpected outcome may occur and that treatment is necessary. In the event of any unexpected outcome, I will **immediately** contact the technician who performed the treatment. I will follow the technician's instructions to seek further professional advice in the event of rare complications occurring.

- I have disclosed to the procedure technician all information regarding health and medications ingested that had been requested and *agree* to have the treatment performed on me.
- I acknowledge that I will be explained and receive a post procedure care form to take home and further agree to follow all post procedure instructions as I am directed.
- I acknowledge **no refund** will be given on this treatment.
- I acknowledge that the chosen treatment/s will only be *carried out on my request*. I accept that there is a risk that the treatment area may suffer complications during, or as a result of my requested treatment. I acknowledge that if I consent to the treatment, I shall not be entitled to take any action against the technician or clinic either at law or in equity in respect of this treatment.
- I have not had any laser or IPL treatment within 21 days prior to this treatment.
- I acknowledge that I have been advised that I am not able to donate blood to the Blood Bank for a period of 4 months, following any cosmetic tattoo procedures.
- I acknowledge that by signing this consent form that I have read the Perfect Brow Design Policy page on the website and **agree** to abide by these policies.

Client Signature _____

Topical Anaesthetic Informed Consent

I have no known allergy to local anesthetic. I know of no reason why I should be self assisted with a topical anesthetic to reduce my discomfort during the procedure. I have never suffered any adverse reaction to local anaesthetics administered in a dentist office or doctors surgery prior to procedure. I understand that topically applied anesthetics vary in effectiveness and durability. Cosmetic Tattooing isn't generally known to be painful and may not require any numbing agent. This is at my own discretion. I have been advised that if I choose to use

numbing agents it would be Lidocaine and that I may experience in rare cases redness, itching or swelling following. I am also aware that complications can and do sometimes occur during any procedure. I will follow the technician's instructions to seek medical attention, in the event of complications occurring.

Client Name _____ Date _____

Signature _____

Photo Permission

Based on my selection below, I do hereby consent to the use of photographs taken of me before and after any procedure for any purpose which Perfect Brow Design deem appropriate. This may include advertisement, both internet and non-internet based. Please tick the type of photo permission you wish to allow Perfect Brow Design to use.

- Full Face
- Eyes and Brows only
- Treatment area
- None

*Please note that if you choose none or area only, photographs will still be taken before and after each procedure for the purpose of monitoring response to therapy and records only.

Name _____ Date _____

Signature _____

Shape and Colour Consent for Cosmetic Tattoo Procedures

Acceptance of shape and colour

I do certify that I have been given the opportunity to change or modify the shape of the treatment area and the final shape and colour is my choice. Depending on the procedure/s which I select, I accept responsibility for determining the shape, colour and position of the eyebrow, eyeliners, lip liner, lip blend, full lip and/or other areas`. Photographs for records prior to the treatment will be recorded to confirm what has been chosen by the client and agreed.

Acceptance of colour, design and shape

The technician has discussed my various colour options and I have agreed. I accept responsibility for determining the colour and shape or design of the eyebrow, eyeliners, lip liner, lip blend, full lip and/or other area that has been presented prior to the commencement of my tattooed area. I understand that the finished colour of the tattoo is determined by my skin tone, health and my adherence to aftercare. After viewing the colours, I certify that the colour of my choice is correct as well as the pre drawn design and shape.

Client Name _____ Date _____

Signature _____