

Client Registration

Client Information:

Name _____ Date _____

Address _____

City _____ Zip code _____

Home phone _____ Cell _____

E-mail _____

Employer _____ Type of work _____

Date of birth _____ Ethnicity _____

Hair color as a Child _____

In the sun, do you (circle one):

Tan easily - burn then tan - always burn - other

Would you say your skin is (circle one):

Mediterranean (olive) - Transparent (fair) - Translucent (clear blue undertone, like Snow White) -
Ruddy (rosy red) - Native American (mistaken for olive Mediterranean, but warm undertone) -
Golden Girl (peaches and cream) - Asian (sallow tone) - African (black).

Emergency contact information: Name _____

Relationship _____ Phone# _____

Why do you want permanent makeup?

How did you hear about me?

Photo Release:

Client authorizes the technician performing the procedure unrestricted use of before and after photographs to include, but not limited to portfolio and explaining procedures.

Initial _____

Client authorizes the technician to tag his/her name in social media. Yes - No

Medical History:

Physician's name _____ Phone# _____

Please list any prescriptions, herbs or vitamins you are taking: _____

Do you wear contact lenses? _____ Eye glasses? _____

Do you have any known allergies? _____

Have you recently undergone or plan to undergo any elective or necessary facial surgery or laser procedures? _____

Have you had permanent makeup done before? Yes - No

If yes: What procedures? _____

By whom? _____ How long ago? _____

Were you pleased with the results of the work? Yes - No

If not, please explain why. _____

What look would you like to achieve with your permanent makeup procedure? _____

Are you allergic to: Latex? ___ Glycerin? ___ Epinephrine? ___ Caine products? ___

Other _____

Have you had any fillers/ injectables or facial implants? Yes - No

If yes, where on face and when? _____

I have not used Retin-A, Glycolic Acid or other corrective skincare ingredients on the procedure area 2 weeks prior to permanent makeup appointment. Initial _____

I have not used Accutane 12 months prior to all permanent makeup procedures. Initial _____

Please be aware that if you are planning any facial laser treatments, this can cause the permanent makeup to fade and change color. Initial _____

Do you take any of the following medications?

Accutane____Asprin____Anabuse____Blood thinners____Insulin____Steroids____

Anti-coagulants____Synthroid____High blood pressure____

Please circle all that apply, past or present:

*Blepharitis Auto immune disorder Mental Illness Dry eye syndrome Dermatitis
High blood pressure Lupus Thyroid Hemophilia Chemotherapy Pregnancy Cancer
Diabetes Metal allergies Smoking Mastectomy Heart problems Alopecia Epilepsy
Conjunctivitis HIV Eye disorders Blood thinners Cosmetic allergies Hormone therapy
Hepatitis Scar tissue Asthma Lip implants Oily skin Dry skin Seizures Surgeries
Hyperpigmentation Hypopigmentation Faint Keloids Sinusitis Radiation Laser Blood
disorders Cold sores Fever blisters Healing problems Retin-A Trichotillomania Bruising
Chapped lips Renova Allergies Plastic surgery Hematomas Collagen Fillers Accutane
Shingles Facial Trauma Glaucoma Bleed easily*

Please explain all circled in detail. _____

Any other major medical conditions? _____

Statement of Consent: Please initial all lines

___ I understand that a certain amount of discomfort is associated with this procedure. Minor or temporary swelling and/or redness may occur following procedures in individuals who are prone to this reaction.

___ I understand that permanent makeup is a multi-session procedure, requiring more than one visit to achieve desired results. The refinement appointment is just as important as the first and needs to be done in a timely manner. All procedures take at least 30 days to heal and evaluate.

___ I understand that following aftercare is extremely important to achieve the desired final outcome.

___ I understand that the sun, tanning beds, pools, anti-aging skin care products (Retin-A, Renova, Glycolic, etc.), and medications can affect my permanent makeup.

___ I understand that Retin-A or Renova must not be applied to the permanent makeup at any time. I must stop using these products 2 weeks prior to my permanent makeup procedure.

___ I understand I must stop using Accutane 12 months prior to receiving any permanent makeup application.

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

___ I understand that The Red Cross requires you to wait one year following any tattoo procedure before donating blood.

___ I understand I must inform all skin care, salon, spa and medical professionals of any permanent makeup treatments.

___ I accept the responsibility of explaining to my technician the desired color, shape, and position for any permanent makeup.

___ I understand that since permanent makeup is an art and not a science, the performing technician cannot guarantee the outcome of the procedure. The reason is there are so many variables related to the client, i.e. home care, anti-aging creams, client's medical condition, etc.

___ I understand that permanent makeup can turn color or fade over time due to circumstances beyond control of the performing technician. I understand I will need to maintain the color with future applications. Sun, skin care products, pools and other factors play a role in pigment fading.

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

___ All risks and possible complications have been explained.

____ After care 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 contact my technician.

____ I acknowledge that the proposed procedure(s) all involve risks inherent in the procedure and the possibility of complications during the procedure. Those complications can be, but are not limited to, infection, misplaced pigment, poor color retention or hyper pigmentation.

____ I have answered all questions truthfully and to the best of my ability.

____ I understand I can request an allergy patch test.

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

____ I hereby consent to having permanent makeup applied by Marie Ingle at Dollface.

Arbitration Agreement:

In the event of any controversy/disagreement between customer 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 customer 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 the selection thereof to the two 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. **Initial** _____

I have paid \$_____ for the following procedure(s) _____.

I understand there will be no refunds after this elective procedure. I understand my payment covers my consultation, 1st appointment and refinement appointment, generally 4 to 8 weeks following initial application. If the refinement appointment is not COMPLETED within 12 weeks, there will be a minimum of a \$100.00 fee (if under 6 months from initial application). It is the responsibility of the client to contact the technician to schedule the refinement appointment. If for **any** reason you need to cancel your refinement appointment and do not give a **minimum of 48 hour notice there will be a \$100.00 cancelation fee** that will need to be paid **prior** to scheduling your refinement appointment. DollFace attempts to send a reminder text the day before an appointment however, this is not always possible. It is the responsibility of the client to show up at any scheduled appointments.

Note: If client has only one application, then decides after 12 weeks she wants her refinement appointment, there is a minimum \$150.00 charge. Occasionally a client will need an additional touch up after the refinement appointment for various reasons. If a client wants/needs an additional application after the refinement appointment for **whatever** reason up to 6 months from **initial** application, there will be a \$100.00 charge per procedure. After 6 months from initial application, there will be a \$150.00 touch-up appointment charge. Permanent makeup needs to be layered or fading occurs. The refinement appointment should be 4 to 8 weeks following the first application to achieve the desired results, **no longer than 12 weeks**. Prices subject to change.

Signature of Client _____ **Date** _____

Signature of Technician _____ **Date** _____

