Cosmetic Tattoo Intake Form 

For Brows Only

|  |  |
| --- | --- |
| Name: | DOB: |
| Address: |  |
| Suburb | Postcode: |
| Phone: | Email: |
| Emergency contact name & number: |  |

Do you presently have or previously had any of the following? (**Circle YES or NO**)

|  |  |  |  |
| --- | --- | --- | --- |
| History MRSA(staph) | YES NO | Botox | YES NO |
| Diabetes | YES NO | Cosmetic fillers | YES NO |
| Cold Sores/Herpes | YES NO | Eyelid Surgery | YES NO |
| Hepatitis (A,B or C) | YES NO | Forehead/brow lift | YES NO |
| Easy Bleeding/Bruising | YES NO | Facelift | YES NO |
| Alcoholism or drug abuse | YES NO | Eye Surgery | YES NO |
| Abnormal Heart Condition | YES NO | Eye / Corneal injury | YES NO |
| Pregnant or breast feeding | YES NO | Contact Lenses | YES NO |
| Autoimmune disorder | YES NO | Brow/lash tint | YES NO |
| Cancer?(Where – When) | YES NO | Oily Skin | YES NO |
| Chemotherapy/radiation | YES NO | Roaccutane (for acne) | YES NO |
| Difficult numbing with dental work | YES NO | Tan booth/sun | YES NO |
| Taking blood thinners? e.g.: (Aspirin, ibuprofen, alcohol, fish oil, Coumadin) etc. | YES NO | Do you use any products containing Retin A, AHA/ BHA? | YES NO |
| Tumours/growths/cysts/scarring | YES NO | Chemical Peels? (when ) | YES NO |
| Allergic reaction to any medications? {such as Lidocaine, Tetracain, Epinephrine, Dermacain, benzyl alcohol, Carbopol, Lecithin, Propylene glycol & Vit C. | YES NO (Please list) |
| Any Medications: eg: Steroids etc? | (Please list:) |
| Any diseases or disorders not already covered: | No Alcohol or caffeine 24hrs prior to your appointment. YES NO |

I agree that all the above information is true and accurate to the best of my knowledge. I request that ***Jules Farmer*** apply my numbing products.

Clients signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to have Cosmetic Tattoo and Waiver

Please read and place your initials all in the box to the left of each line.

|  |  |
| --- | --- |
|  | Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow. If I have any questions I will call ***Jules 027 2430051***. |
|  | 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, AHAS’ and BHAS’ must not be used on the treated areas. They will alter the colour and fade the colour. |
|  | I understand that sun, tanning beds, pools some skin care products and medications can affect my cosmetic tattoo makeup. |
|  | I will tell all skin care professionals or medical personnel about my cosmetic tattoo makeup procedure/s, especially if I am schedule for an MRI or VPL. |
|  | I accept the responsibility to explain to ***Jules Farmer*** my desire for specific colour, shapes and position for any procedures done today and at my 2nd Visit. |
|  | I understand that the implanted pigment colour can slightly change or fade due to circumstances beyond ***Jules Farmers*** control. I will need to maintain the colour with future applications and a touch up session within 8 weeks. |
|  | I acknowledge that the procedure involves risks including but not limited to infection, misplaced pigment, poor colour retention and hyper-pigmentation, my skin can have a lot to do with this. |
|  | I agree that with Micro blading that misplacing of pigment can occur, tattoo removal may be used for a stroke or two of pigment to amend this. |
|  | I agree that my 2nd visit for completion of my tattoo will be within 8 weeks or a touch-up fee will be added, (after 8 weeks a fee will apply of $295+). There will be NO refunds for this elective procedure. |

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 the procedure and I have had the opportunity to ask questions and all my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorise ***Jules Farmer,*** as my cosmetics tattoo technician to perform the following procedure on my body.

Procedure/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colour/s :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blade/Needles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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