

CORE BEAUTY
RESULTS DRIVEN BEAUTY

CONSULTATION FORM



1. Consultation Form
2. Medical Health Form
3. Medical Health Form (continued)
4. General Consent & Procedure Permit
5. General Consent & Procedure Permit (continued)
6. Topical Anaesthetic Form
7. Consultation Check List
8. Doctor's Consent Form
9. Sensitivity Patch Test Procedure
10. Treatments



- Who do you know who has permanent cosmetics?
- How long have you been thinking about having permanent cosmetics?
- When do you want to have the procedure done?
- Why do you want the procedure?.....
- Where did you first learn about permanent cosmetics?.....

Please read these statements carefully

- Permanent cosmetics are a form of tattooing.
- Re touch procedures may be required.
- A healing period of four weeks is required before a re touch procedure can be performed.
- On rare occasions the pigment may migrate under the skin.
- Application of permanent cosmetics can be painful.
- The pigments will fade.
- Immediately after the procedure, the pigment can be 30 to 50% darker than the desired result.
- There may be immediate or delayed allergic reaction to pigments. However, allergic reactions are extremely rare.
- A negative allergy test result will not guarantee that you will not have an allergic reaction.
- Allergic reactions to anaesthetics can occur.
- Permanent cosmetics cannot be applied to pregnant women or nursing mothers.
- Permanent cosmetics cannot be applied to any person under the age of eighteen.
- Infections can occur if aftercare instructions are not followed correctly.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- It is recommended that clients receiving treatment for eyeliner should have someone drive them home.
- Corneal abrasion may occur during eyeliner procedures. However, corneal abrasion is rare.
- Clients receiving lip procedures who have had previous problems with cold sores/herpes may have an outbreak following the procedure. Anti herpes medication is available over the counter or on prescription and has been shown to prevent or minimize such outbreaks.
- Lip procedures may appear dry and flaky for up to one week following the procedure.
- Camouflage procedures are experimental in nature.
- Camouflage procedures require skin colour matching tests before the procedure commences.
- There are few effective methods for pigment removal.
- If you have an MRI scan within 3 months of your permanent cosmetics procedure we recommend that you discuss this with your doctor.
- Possible scarring, inconsistency of colour and loss of eyelashes may occur.

This information is not intended to alarm you. However, it is imperative that you are informed of the risks involved.

Name..... **Phone**.....

Address.....

I have read and understood the above information

Client Name..... **Signature**..... **Date**.....

Technician Name: *Joanna Dodson* **Signature**..... **Date**.....



Name:

Address:

Date of Birth: **Occupation:**

Phone No: **Mobile:**

Work Phone No:

List any medications you have been taking in the last 6 months

.....
.....
.....

Have you taken any of the following in the last 2 days; Aspirin, Ibuprofen, Coumadin, Alcohol?

.....

Have you received chemotherapy or radiation treatment in the last year?.....

Please answer all the following questions:

Name of Doctor:

Surgery:.....

Allergies: have you ever had an allergic reaction to any of the following?

Lanolin Latex Rubber Vaseline Medication Metals Hair dyes Drugs Foods

Lidocaine Paints Crayons Glycerine

Anaesthetics or Adrenaline (which ones)

Other allergies (list)

.....

I confirm that the above information is correct

Client Name **Signature** **Date**

Technician Name: *Joanna Dodson* **Signature** **Date**



Have you or have you ever had any of the following? Tick all the following that apply			
Abnormal Heart Condition		Acutance within 6 months	
Mitral Valve Prolapse		Cortisone within 6 months	
Rheumatic Fever		Cold Sores (herpes simplex	
Artificial Heart Valves		Heart Murmur	
Haemophilia		Pacemaker	
High Blood Pressure		Anaemia	
Circulatory Problems		Prolonged Bleeding	
Epilepsy		Low Blood Pressure	
Thyroid Disturbances		Diabetes	
Kidney Disease		Fainting Spells or Dizziness	
Stomach Ulcers		Liver Disease	
Cancer		Glaucoma	
Stroke		Tumours, Growths or Cysts	
Prosthetic Hip or Joint		Tuberculosis	
Hepatitis		HIV	
Cataracts		Palpitations	
Dry Eyes		Pregnant or Nursing	
Alopecia		Blurred Vision	
Watery Eyes		Eye Infection present	
Eyelid Surgery		Recent Hair Loss	
Trichotillomania		Contact Lenses	
Date of last eyelash/ eyebrow tint		Chapped Lips	
Gore-Tex Implants/Silicone Injections		Other Tattoos	
Fat Transfer Injections		Bruise or Bleed Easily	
Botox Injections		Use of Sunbed	
Collagen Injections		Chemical or laser peel within 6 months	
Hypertrophic Scars		Retin A within 6 months	
Scar Easily		AHA preparations within last 2 weeks	
Healing Problems		Sensitivity to Cosmetics	
Keloid Scars			

I confirm that the above information is correct

Client Name **Signature** **Date**

Technician Name: Joanna Dodson **Signature** **Date**

GENERAL CONSENT & PROCEDURE PERMIT



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Clients Full Name Mr/Mrs/Miss/Ms.....

Address

.....

.....

DOB **Occupation**

1. I hereby authorise *Joanna Dodson* (technician)

of (salon) to perform upon myself the following

procedure(s)

.....

If any unforeseen condition arises in the course of this procedure(s), calling in her judgement in addition to, or different from those now contemplated, I further request and authorise her to do whatever he/she seems advisable and necessary in the circumstances.

2. I accept responsibility for determining the colour, shape and position of the permanent cosmetic procedure as agreed during the course of my consultation.
3. I understand that an allergy test does not guarantee that I will not have an allergic reaction to the pigment.
4. I fully understand and accept that non-toxic pigments are used during the procedure and that the cosmetic enhancement achieved may fade over a period of 1-3 years. Even though the colour has faded the pigment will stay in the skin indefinitely.
5. I have been informed that the highest standards of hygiene are met and that sterile disposable needles and pigment containers are used for each individual client, procedure and visit.
6. I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed during the first procedure. I understand that this is why I will need to return for a retouch procedure.
7. I understand that a retouch procedure will be performed 1-3 months after the initial procedure and that after a 3-month period I will be charged an additional fee for any further work. I understand that it is my responsibility to book the appointment at a time and venue convenient for both parties.
8. The result of the procedure is determined by the following:
 - Medication
 - Skin Characteristics - (dry, oily, sun-damaged and thickness)
 - Natural skin undertones - (blending with chosen pigment)
 - Personal pH balance of skin, which changes from visit to visit
 - Alcohol intake and smoking
 - Post procedure care treatment

GENERAL CONSENT & PROCEDURE PERMIT



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9. Upon completion of the procedure there may be swelling and redness of the skin, which will subside between 1-4 days. In some cases bruising may occur. You may resume normal activities immediately following the procedure, however, using cosmetics, excessive perspiration and exposure of the sun to the affected area should be limited. See specific post-procedure instructions for details. You can however, be assured the procedure, even after only one treatment, looks acceptable so that you should be able to feel comfortable appearing in public without additional makeup on the affected area.
10. I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary in colour according to skin tones, skin type, age and skin conditions. I understand that some skins accept pigment more readily than others and no guarantee to an exact effect or colour can be given.
11. I am aware that the lip procedures may stimulate any dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate dormant eye disorders or eye infections, and that some medication can prevent absorption of the pigment.
12. To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time. I am over 18 years of age. I am not pregnant. I am not under the influence of drugs or alcohol.
13. I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. I confirm that I have received copies of all the relevant aftercare instructions.
14. Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequence that might stem from my decision to have any permanent cosmetics procedure performed by Joanna Cockerill (technician).
15. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s) for record purposes and for use in presentation portfolios.

I CERTIFY THAT I HAVE READ AND HAVE HAD EXPLAINED TO ME AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE PERMANENT COSMETIC/TATTOO PROCEDURES WHICH IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT AND PROCEDURE PERMIT.

I confirm that the above information is correct

Client Name **Signature** **Date**

Technician Name: *Joanna Dodson* **Signature** **Date**



ALLERGIC REACTION – Allergic reaction can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may display redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with allergy.

NUMBNESS - We cannot accept responsibility if the treatment area does not numb. Each individual is different according to the skin type. Some clients have reported that the area is totally numb while others say they experience some discomfort.

PROCEDURE – For all procedures a cream or gel topical anaesthetic is used. These products are perfectly safe, and can be purchased over the counter from any chemist. The anaesthetic is placed over the treatment area for between twenty to thirty minutes then carefully removed prior to treatment.

As a result of the treatment, combined with the use of the anaesthetic you can expect to experience swelling and redness that could last between one and four days. You should always follow your post procedure instructions.

For eyeliner procedures you will be asked to keep your eyes closed throughout the numbing period. If for some reason the anaesthetic gets into the eye, you must advise your technician at once. It is not harmful to the eye although you will experience some stinging and slight discomfort. The cream will be removed and your eyes will be immediately flushed with a sterile saline solution. It is then safe for the technician to reapply the anaesthetic.

NOTE: If you experience stinging in the eyes and do not inform your technician immediately, the anaesthetic may numb the eyeball, and a possible corneal abrasion may occur. This can result in a temporary streaming and light sensitivity of the eyes. You may be unable to open your eyes and each time you blink it may be painful, and temporary blurry vision may occur. Corneal abrasion, however, is rare. If you experience any of these symptoms, inform your technician and visit your doctor immediately.

I have read and fully understood the above and the risks involved with the use of topical anaesthetic and consent to the use of the anaesthetic for the Permanent Cosmetic procedure.

Client Name..... **Signature**..... **Date**.....

Technician Name: *Joanna Dodson*..... **Signature**..... **Date**.....



TREATMENT REQUIRED

Lips Eyes Brows Beauty Spot Areola Camouflage

Skin Patch Test

Consultation Form

Medical History

Anaesthetic Consent Form

Pre instructions

Doctor's Consent Form

After Care instructions

General Consent Form

Before Photograph

Pigment Colours.....

Agreed feeAgreed for up to 2 treatments within 3 months

Agreed top up treatment price, within the first eight months.....

TREATMENT CHECK LIST

Procedure	1	2	3
Allergies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Medications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Photograph before	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Photograph after	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Special notes.....

I have read and understood the above information

Client Name **Signature** **Date**

Technician Name: *Joanna Dodson* **Signature** **Date**



For The Attention of Doctor

Dear Sir,

Your patient.....contacted me with a view to receiving a permanent cosmetic procedure.

Permanent cosmetics are an advanced form of tattooing in which pigment is implanted into the dermis of the skin using needles. A fully qualified technician trained to Nouveau Contour standards, which are approved by the Society of Permanent Cosmetic Professionals will carry out the treatment.

As my client has indicated a medical condition during pre-procedure consultation, it would be preferable that you consider the implications and give your consent for the treatment. If you feel that the procedure would have no detrimental effect to the health of your patient, could you please complete the details below?

Surgery Name

Address

Doctor's Name

I understand that (patient's name)

is to receive permanent cosmetics which is a form of tattooing. I have considered my patient's medical condition and feel that this procedure will have no detrimental effect to his/her health.

Signed

Date



Topical method

1. Place the pigment sample on one of the plasters provided in this envelope. (If the pigment has dehydrated add one drop of water to re-hydrate).
2. Place the anaesthetic on the other plaster provided in this envelope.
3. Position each plaster on one of the following areas: -
 - Behind each ear
 - On top of the arm
 - On the thigh
 - On the buttock

Do not place in the crease of the elbow or the knee

4. After 24 hours remove the plaster and examine the skin. If there is no reaction, i.e. no redness, swelling, irritation or itching, then it is safe to proceed with treatment. Should you experience any of the symptoms mentioned above, remove the plaster, and immediately flush the area with cold water.
5. Please telephone your technician to report the test results, and to arrange an appointment.
6. Please note that the correct colour will be mixed for you at your first treatment. The colour enclosed is for patch test purposes only.

If you suffer, or have suffered in the past from cold sores, and are considering a lip procedure, it is recommended that you use anti herpes medication for example Zovirax one-week prior and one-week post procedure. If in doubt, please contact your doctor.

Please read these instructions and perform the patch test as instructed.

On completion, sign below and take the completed form to your appointment.

I have undertaken a sensitivity patch test and suffered no adverse effects.

Client Name..... SignatureDate

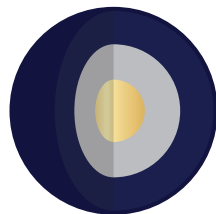


Salon name

Date

Treatment area

Colours used



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