

Pre Procedure Advice.

Permanent cosmetics procedure normally required multiple treatment sessions. For best results, clients will be asked to return at least 1 touch up procedure between 4-6 weeks after the initial procedure.

Be prepared for the colour to intensity to be significantly sharper and darker immediately after the procedure. This will subside and become lighter as the tissue heals. This process can take up to 10 days.

Advice for all permanent cosmetic procedures

- Since delicate skin or sensitive areas may be swollen or red, it is advised not to make social plans for the same day.
- Please wear normal makeup to the salon on the day of the procedure.
- Do not take aspirin, Ibuprofen or Coumadin for 2 days before and 2 days after the procedure.
- Do not discontinue any medication before consulting your doctor.
- Do not drink alcohol the night before the treatment.
- A Patch test will be performed unless waived upon request.

Eyebrow procedures

- Any waxing should be performed at least 48 hours before the procedure: Electrolysis no less than 5 days before the procedure.
- Eyebrow tinting should not be undertaken for 2 weeks prior to the procedure.

Eyeliner Procedure

- Any eyelash tinting or perming should be carried out no sooner than 1 week before or 2 weeks after the procedure.
- Do not wear contact lenses during or immediately following the procedure. Remember to bring glasses. You may resume wearing your contact lenses as soon as your eyes feel comfortable. (This is normally 24 hours after the procedure)
- You may have some swelling, as a safety precaution, we recommend that you have someone available to drive you home.

Lip Liner/colour

- If you have a history of cold sores, we advise you contact your doctor to obtain the proper prescription medication to prevent such outbreak.
- Alternatively, obtain herpes medication for example Zovirax from your local chemist and use 1 week before and 1 week after the procedure. This can help minimise an outbreak.
- Permanent cosmetics procedure do not cause cold sores, however, if you carry this virus, it lays dormant in the body and can be aroused by the procedure.
- Lip Wax or bleaching treatments should not be undertaken for at least 2 week period preceding your permanent cosmetic procedure.

Medical Health Form

Name:

Address:

.....

DOB:..... Occupation:

Telephone No

List all the medication you have been taking in the last 6 months:.....

.....

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

.....

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

.....

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 (which one)

Other allergies:

I have read and understood the above information

Client Name: Technician Name: Cheryl Holliday

Signature: Signature:

Date: Date:

Medical Health Form continued.

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

I confirm that the above information is correct

Client Name:

Signature:

Date:

Technician Name:

Signature:

Date:

Topical Anaesthetic Form

ALLERGIC REACTION – Allergic reaction can occur from any anaesthetics used during the procedure. If you 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 whilst 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 2-30 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 1 – 4 days. You should always follow your post procedure instructions.

For eye liner procedures you will be asked to keep eyes closed throughout the numbing period. If for some reason the anaesthetic gets into the eye, you must advise me 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 safe for the technician to reapply the anaesthetic.

NOTE: If you experience stinging in the eyes and do not inform the technician immediately, the anaesthetic may numb the eyeball, and a possible corneal abrasion may occur, this can result in a temporary steaming 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 anaesthetics and consent to the use of the anaesthetics for the Permanent Cosmetic Procedure.

Clients Name

Technician: Cheryl Holliday

Sign:

Sign:

Date:

Date:

General consent & procedure permit

Client's Full Name:

Address.....

.....

DOB:..... Occupation:

I hereby authorise Cheryl Holliday (technician) of Holliday @ Home to perform upon myself the following procedure(s):

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

I fully understand, as with all such procedures that this is not a science but rather an art. Depending on the procedure(s) selected. I accept responsibility for determining the colour, shape and position of eyebrows, eyeliner, lipliner/lip shading, beauty mark, tattoo or other as agreed during the course of my consultation.

It is understood that a sensitivity test is available at least 24 hrs prior to procedure for pigment and topical anaesthetics. The purpose of the test is to detect allergic or other reaction. I understand that if I do not wait for full 24 hrs after the skin test, for treatment that it is at my own risk if any allergy occurs.

I fully understand and accept that non-toxic pigments are used during the procedure(s) and that the cosmetic enhancement achieved may fade in between 1 to 3 years, Even though the colour has faded the pigment will stay in the skin indefinitely.

I have been informed that the highest standard hygiene is met, and that sterile disposable needles, and pigment containers are used of each individual client, procedure and visit.

I understand and accept that each procedure is a procedure required multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that this is why I need to return for a retouch procedure.

I understand that a retouch procedure will be performed 4-6 weeks after the initial procedure. I understand that after 3 months I will be charged an additional fee for any further work. I will book the appointment when it is convenient for both parties.

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 operative care treatment

Upon completion of the procedure there may be swelling and redness of the skin, which will subside in between 1 to 4 days. In some cases bruising can occur. Clients may resume normal activities immediately following the procedure; however, using cosmetics, excessive perspiration and exposure of the sun on the affected area should be limited. See specific post-procedure instructions for acceptable and that they can appear in public without additional make-up on the affected area.

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 skin except pigment more readily than others and no guarantee to an exact effect or colour can be given.

I am aware that lip procedures may stimulate and dormant virus such as herpes (cold sores). I am informed that eye procedures may stimulate eye disorders or eye infections, and that some medication can prevent absorption of pigment.

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 at least 18 years old. I don not have a heart condition. I don not have epilepsy. I have not had hepatitis within the last year. I am not haemophiliac. I don not have HIV. I am not under the influence of drugs or alcohol.

I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by Cheryl Louise Holliday.

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 Cheryl Louise Holliday

For the purposes of documentation, I also consent to the taking of 'before' and 'after' photographs of said procedure(s)

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 ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE PERMANENT COSMETIC.TATTOO PROCEDURE(S) WHICH IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT AND PROCEDURE PERMIT, THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE I SIGNED.

I have read and understood the above information

Clients Name:.....

Technician: Cheryl Louise Holliday

Signature:

Signature:

Date:

Date: