

# Medical Health Form

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

Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ E Mail \_\_\_\_\_

Home Number \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

Are you 18 years or over Yes No

Have you taken any medications in the last 6 months? Yes No

If you answered yes to the above question, please list the medication below

I understand I will not take the following 2 days prior to treatment? Yes

Anti-inflammatories e.g. Ibuprofen Alcohol Aspirin Antibuse

Surgery Address: \_\_\_\_\_

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

Metals Yes No Pigments Yes No

Foods Yes No Lidocaine Yes No

Glycerine Yes No Antiseptics Yes No

Local anaesthetic allergies (which ones) \_\_\_\_\_

Do you have any other allergies Yes No

If you answered yes to the above questions, please list the allergies below

Have you ever had a dental injection to numb your gums Yes No

Prior to dental procedures do you receive antibiotic medication? Yes No

Difficulty with breathing or rapid heartbeat with a dental injection Yes No

Have you had chemotherapy or radiation therapy in the last year? Yes No

Are you presently pregnant Yes No

Are you presently breast feeding Yes No

MRI scan scheduled in the next 3 months Yes No

Laser or IPL close to the treatment area in the past or in the future Yes No

Do you give blood? Yes No

Sensitised Reactions to Tattoos or Permanent Make-up? Yes No



OLIVIA COLE

Please tick only if you have suffered from one of the below:

Heart Condition	Palpitations	
Mitral Valve Prolapsed	Heart Murmur	
Artificial Heart Valves	Pacemaker	
Rheumatic Fever	Anaemia (Present)	
Haemophilia	Blood Thinners or Anti-Coagulants	
High Blood Pressure (Present)	Low Blood Pressure (Present)	
Epilepsy in Last 3 Years	Stroke	
Seizures	Liver Disease	
Kidney Disease	Asthma	
Cancer within Last Year	Tumours, Growths or Cysts in Last Year	
Leukaemia	Diabetes	
Prosthetic Hip or Joint	HIV	
Hepatitis (Present)	Systemic Lupus Erythematosus	
Vitiligo That Has Moved In Last Year	Shingles Across Site (Past & Present)	
Auto Immune Conditions	Tuberculosis (Present)	
Scleroderma (Diagnosed)	Glaucoma	
Stomach Ulcers (Present)	Watery Eyes	
Cataract (Present)	Eye Infections Regular Or Present	
Dry Eyes	Occular Herpes	
Contact Lenses	Alopecia	
Refractive Eye Surgery in Last 12 Months	Recent Hair Loss	
Trichollomania	Contagious Disease (Present) Please list if answered yes	
Nervous / Psychotic Conditions	Body Dismorphic	
Impetigo (Present)	Fever (Present)	
Bruise Easily with Minor Injury	Bleed Easily with Minor Injury	
Spray Tan (Present)	Sun Beds and Tanning Regularly	
Sunburn (Present)	Botox In Last 2 Weeks	
Dermal Fillers in Last 2 Weeks	Eyelash & Eyebrow Tinting in Last Month	
Scar Easily with Minor Injury	Chemical Peel In Last 6 Months	
Scars Heal in Raised Manner with Minor Injury	Dermabrasion Close to Site Last 6 Months	
Keloid Scar with Minor Injury	AHA Skin Preparations in Last 2 Weeks	
Skin Heals Dark with Minor Injury	Retin A	
Accutane Within 6 Months	Chapped Lips	
Steroids Within 6 Months	Cortisone Within 6 Months	
Haemangioma on Site	Moles in Treatment Site	
Cosmetic Allergies	Cold Sores (Ever - In Past or Present)	
Inflammatory Skin Condition in Treatment Area	Condition presently Under Supervision of Doctor/Dermatologist/Medical Professional	
Undiagnosed Lumps or Pain In Site	Vomiting / Diarrhoea (Present)	
Cuts or Abrasions On Site	Scar on Treatment Site	

Client Name.....Signature.....Date.....  
 Technician Name.....Signature.....Date.....

**General Consent and Procedure Permit Form**

Client's Full Name:

.....

Mr/Mrs/Miss/Ms

Address

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

I hereby authorise Nicole O'Grady to perform upon myself micropigmentation. In the unlikely event that any unforeseen condition arises during the procedure(s) I further request and authorise her to use her full judgement and do whatever she deems advisable and necessary in the circumstances.

I understand that Micropigmentation is an advanced form of tattooing.

I accept responsibility for determining the colour, shape and position of the enhancement as agreed during my consultation.

I understand that a sensitivity test for pigment does not 100% guarantee that I will not have an allergic response. I am aware that an allergic response to pigment is rare and accept all responsibility if an allergic response should occur.

I am aware that sensitivity reaction to anaesthetics can occur and accept all responsibility if allergic responses occur.

I fully understand and accept that non-toxic pigments are used during the procedure and the enhancement achieved may fade over the course of 1-2 years. Even though the colour has faded, the pigment will stay in the skin indefinitely and may leave light residue colour.

I accept that the highest standards of hygiene are met, and that sterile disposable needles are used for each individual client's procedure.

I understand and accept that a new enhancement usually requires multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed. I understand that I must return for my control procedure, which is included in the initial price. I understand that if I do not return for all treatment sessions within the allotted time that I accept total responsibility for the final results.

I understand that the control procedure, if required, must be performed 1-3 months after the initial procedure and that after this time additional treatments will be made chargeable. I understand that a 4 week period must pass from the initial pigment application to the control visit, to allow the procedure site to fully heal. I will book the appointment when it is convenient for both parties.

I understand that the pigment may migrate under the skin, however this is a rare occurrence.

I understand that Micropigmentation is an invasive procedure and that the infusion process can be uncomfortable.

I understand that loss of any eyelashes during the healing process of an eye enhancement will result in new growth over a 4 month period and that lash loss is rare and minimal.

I understand that in rare cases corneal abrasion can occur during eyeliner procedures.

I am aware that the result of the procedure is determined by the following:

Medication

Skin Characteristics – i.e. Dry/Oily/Sun damaged

Natural Skin undertones

Alcohol intake and smoking

General Stress

A compromised immune system

Poor Diet

Post Procedure Care

I have been advised that upon completion of the procedure there may be swelling and redness of the skin, which usually subsides within 1-4 days dependant of lifestyle. In some cases, bruising can occur. I have been advised that I can resume normal activities immediately following the procedure, however, using cosmetics, prolonged exposure to water, excessive perspiration and exposure to the sun should be limited for up to two weeks following infusion.

I understand that immediately after the procedure my enhancement can be 30 to 70% darker than the desired result and can take between 4-14 days to lighten. I understand that the true colour will be visible 4 weeks after each application, and that the colour may vary according to skin tones, skin types age and conditions. I appreciate that some skins accept colour more readily than others and no guarantee of an exact effect/colour can be given.

I understand that any imperfections in symmetry will be highly magnified by the sharpness and depth of colour after my initial treatment and have been informed that this will lessen once the area has healed and lightened.

I am aware that if I have had a previous outbreak of cold sores/herpes and receive a lip enhancement, I may have an outbreak again following the procedure. I have been made aware that anti herpes medication is available over the counter or on prescription and has been shown to prevent or minimise such outbreaks.

I am aware that even if I have not suffered from hyper pigmentation in the past, and although every precaution will be taken by my technician, although rare we cannot guarantee that in darker skin tones hyper pigmentation will not occur.

I am aware that if I have had a previous eye disorder or eye infection and receive an eyelash enhancement, the disorder may reoccur again. I agree to use the correct medication to prevent such a disorder reoccurring.

I am aware that even though my vision is not affected by micropigmentation eye enhancements, I may wish to have someone drive me home.

I understand that I may experience dry lips for up to 2 weeks after my lip enhancement.

I understand that there are few effective methods for pigment removal. Laser and chemical removal have proven successful, however are a process.

I agree to inform any medical professional of my micropigmentation enhancement if I require an MRI scan.

I agree to make any technician who is considering laser or IPL treatments close to my enhancement, aware that I have micropigmentation so that he/she can adapt their treatment plan accordingly.

I understand that a week before my menstrual cycle (if applicable) my body will be at its most sensitive.

I agree to follow all pre-procedure and post procedure instructions as provided and explained to me by the technician. I understand that infection and possible scarring can occur if I do not adhere to the said instructions.

To my knowledge I do not have any physical, mental, or medical impairments or disabilities that might affect my wellbeing as a direct or indirect result of my decision to have this procedure. I am at least 18 years old. I am not under the influence of alcohol.

For the purpose of documentation, I also consent to the taking of before and after photographs of said procedure.

I am happy for my photographs to be used in the technician's portfolio online.

I CERTIFY THAT I HAVE READ, AND HAVE HAD EXPLAINED TO ME, AND FULLY UNDERSTAND THE ABOVE CONSENT FORM AND THAT I HAVE REQUESTED TO HAVE MICROPIGMENTATION ON MY OWN FREE WILL.

I have read and understood the above information.

Date:

Client Name ..... Client  
Sign .....

Tech Name ..... Tech  
Sign .....

## **What Shall I Do Before Receiving My Micro-Pigmentation Procedure?**

Prior to your micro-pigmentation procedure think about the look that you wish to achieve. As experts in the field of colour analysis and makeovers, we ensure that the correct colours and styles are chosen for you, however you are part of the decision-making process.

Micro-pigmentation enhancements normally require multiple application sessions. To achieve the best results you will require a minimum of 2 treatments 4-8 weeks apart. You may be required to return for a complimentary tune-up procedure after your 2 step application if your technician feels that you require further work.

Be prepared for the colour intensity to be significantly sharper and darker immediately after the procedure. This will subside and become softer as the skin heals. This process can take up to 14 days.

### **General Pre Advice**

- Since delicate skin or sensitive areas may be swollen or red, you are advised not to make social plans on the day of your enhancement.
- If applicable please wear your normal make-up to your enhancement appointment.
- Do not take aspirin or anti-inflammatory medication such as Ibuprofen 2 days prior to your enhancement.
- Do not discontinue any medication before consulting your doctor.
- Keep alcohol intake to a minimum 2 days prior to your enhancement.
- Do not use 1% Retin A skincare products close to the area to be treated for 6 weeks prior your procedure.
- Do not use AHA skincare products close to the area to be treated for 4 weeks prior to your procedure.
- Avoid professional chemical peels close to the procedure site for 4 weeks prior to your procedure.
- Please be aware that the National Blood Service does not accept donations of blood for 4 months after micro-pigmentation.

## **Eyebrow Enhancement**

- Waxing and threading treatments should be performed no less than 1 week prior to your procedure.
- IPL laser hair removal should be performed no less than 2 weeks prior to your procedure.
- Electrolysis treatments should be performed no less than 2 weeks prior to your procedure.
- Eyebrow tinting should be performed no less than 4 weeks prior to your procedure.
- Eyebrow hair stimulating products should not be used for 4 weeks prior to your procedure.
- Botox in the brow region should be performed no less than 2 weeks pre procedure.

## **Eyeliner Enhancement**

- Eyelash tinting or eyelash perming treatments should be carried out no less than 2 weeks prior to your procedure.
- Eyelash stimulating products should not be used for 4 weeks prior to your procedure.
- Artificial lashes should be removed 1 week prior to your procedure and not reapplied for 2 weeks post procedure.
- Do not wear contact lenses during or immediately following your procedure. Remember to bring your glasses. You may resume wearing your contact lenses 24 hours after the procedure.
- You may have mild swelling after your enhancement procedure and as a safety precaution you may wish to have someone drive you home.

## **Lip Enhancement**

- If you have a history of cold sores (herpes simplex) and are scheduling a lip enhancement we advise you to use anti-herpes medication for example Zovirax ointment that can be obtained from a chemist. Use the preparation 1-week prior and 1-week after your enhancement 5 times a day to reduce the incidence of outbreak by 50%. Oral anti-herpes medication (available on prescription) will control the incidence of an outbreak more or less completely. Micro-pigmentation does not cause cold sores, however if you

carry the virus, it lays dormant in the nervous system and can be aroused by the infusion process.

- IPL laser hair removal around the mouth should be carried out no less than 2 weeks prior to your procedure.
- Waxing and bleaching treatments should be performed no less than 2 weeks prior to your procedure.
- Electrolysis treatments should be performed no less than 2 weeks prior to your procedure.
- Dermal fillers in the lip should be performed no less than 2 weeks prior to your procedure.

