

Client Medical History Form

Name _____

Address _____

Phone _____

Email _____

Drivers License Number & State (required per Health Dept.) _____

Date of Birth _____ Age _____

Do you have or previously had any of the following (Circle YES or No):

Botox YES NO Last treatment _____

Smoke YES NO

Easy Bleeding YES NO

Abnormal Heart Condition YES NO

Chemical Peel or Facial (past 3 months) YES NO Last treatment _____

Pregnant or Breastfeeding Now YES NO

Autoimmune Disorder or Diabetic YES NO

Oily Skin YES NO

Skin Disorder YES NO

Cancer/Chemo/Radiation (within last year) YES NO Last treatment _____

Accutane or Acne Treatment YES NO

Tan by Booth or Sun YES NO

Difficulty Numbing with Dental Work YES NO

Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc. YES NO

Allergic reaction to Lidocaine, Tetracaine, Epinephrine, Dermacaine, etc. YES NO

Allergies and Sensitivities YES NO If yes, to what? _____

Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxy? YES NO

Thyroid Conditions and Related Medications YES NO

If yes, to what? _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signed _____

Date _____

Consent and Release Agreement

If you have any questions, please don't hesitate to ask. This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent, it is considered a permanent marking. All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to. Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed. Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed within 1 to 2 years.

Photography Video Release Consent

At my discretion photos/videos of only your lip area may be shared on occasion. This consent is a request to also use the full face. For example: portfolios, online and print ads, etc. Your consent is necessary regarding this.

Yes, feel free to use them No, please do not use them

Name _____ Signature _____ Date _____

Possible Risks, Hazards, or Complications

- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.
- Infection: Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See "After Care" sheet for instruction on care.
- Uneven Pigmentation This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.
- Excessive Swelling or Bruising: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.
- Anesthetics: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.
- MRI: Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.
- Allergic Reaction: Although an allergy is unusual, there is always a possibility of an unknown allergy to the pigments and materials used during the procedure.

The alternative to these possibilities is to use traditional cosmetics and NOT undergo the Semi-Permanent procedure.

Consent and release for procedures performed:

Name _____ Signature _____ Date _____

Consent for Lip Procedure

INITIAL ALL STATEMENTS TO GIVE YOUR RELEASE AND CONSENT

_____ The nature and method of the proposed cosmetic tattoo procedure(s) has been explained to me by Grit + Grace including the usual risks inherent in the procedure process. and the possibility of complications during and following the procedure(s). I understand there may be a certain amount of discomfort or pain associated with the procedure(s) and that other adverse side effects may include minor and temporary bleeding, bruising, swelling, and/or redness or other discolorations. Fading or loss of pigment may occur. Unevenness in design may occur due to swelling. Secondary infection in the area of the procedure may occur, however, if all after care instructions (that are provided) are followed, is rare.

_____ I am over the age of 18, am not under the influence of drugs or alcohol, not pregnant or nursing.

_____ I have informed Grit + Grace of any and all health problems.

_____ I acknowledge that complications including infection are always possible as a result of a cosmetic tattoo procedure(s), particularly in the event my post-procedural instructions are not followed.

_____ I am aware that inks, dyes, and pigments are not yet approved by the FDA and health consequences are unknown.

_____ I acknowledge that it is not reasonably possible to determine whether I might have an allergic reaction to any of the pigments, dyes, topical preparations, or processes used in the procedure; and I agree to accept the risks that such a reaction although rare, is possible. I have informed Grit + Grace of any existing problems.

_____ It has been explained to me that immediately after the procedure(s) is completed. the color will appear dark and the design will appear to be thicker. It has also been explained to me that within a short period of time (usually 3-5 days) during the healing process. the color will lighten/soften and the design/procedure will heal lighter than it looked the day it was performed.

_____ I acknowledge that hyper-pigmentation (darkening of the skin) or hypo-pigmentation (absence of color in the skin), or scarring is a possibility as a result of my body's reaction to the skin being broken during the procedure. I realize that my body is unique and that Grit + Grace cannot predict how my body will react as a result of this procedure. I understand there are absolutely no guarantees as to how my body will accept cosmetic tattooing.

_____ I am aware that the Herpes Zoster 1 Virus (fever blisters or cold sores) may manifest with the lip procedure due to trauma to the lip tissue. The anticipation of a Herpes Zoster 1 Virus breakout may happen and I have been advised to consult with my doctor as to the suitability of this risk. This is my responsibility.

_____ I acknowledge that the procedure(s) will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results. Tattoo removal is a procedure which may cause scarring and/or disfigurement.

_____ I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may alter and degrade my cosmetic tattoo procedure(s). I further understand that such changes are NOT the responsibility of Grit + Grace and such changes in my appearance may NOT be correctable through further cosmetic tattoo procedures.

_____ I authorize Grit + Grace to obtain pre-procedural and post-procedural pictures, and give them permission to use such pictures for publication and/or teaching purposes as they choose.

_____ I acknowledge the receipt of written instructions advising me of the proper care of my procedure(s) and ointment by Grit + Grace. I understand the absolute necessity for following these instructions.

- _____ I understand that cosmetic tattooing is an art form and NOT an exact science, and I acknowledge that NO guarantees have been made to me as to the result of this procedure. Some skin types will not accept or heal pigment in a consistent manner. Your skin and how well you take care of your procedure(s) will determine your result. I realize that my body and my skin is unique and that Grit + Grace cannot in any way predict how my skin may react to the procedure or how it may or may not accept color. I also realize that Grit + Grace cannot predict how many visits it will take to complete my procedure.
- _____ The fee for the cosmetic tattoo procedure(s) have been explained to me, including the initial procedure fee, touch-up fees and maintenance fees. These fees are understood and agreed upon. understand the total fee for services rendered 1s due upon completion of the initial procedure and that there WILL BE separate fees for any touch-up/follow-up work.
- _____ I understand that Grit + Grace charges a fee which includes the initial procedure. There is a fee for a refinement session between 3-5 months. All further sessions are chargeable.
- _____ I understand the actual healed color of the pigment applied will be modified slightly due to my own unique skin undertones.
- _____ Grit + Grace has the right to refuse service to anyone at any time for any reason.
- _____ This contract is to remain in effect for as long as I remain a client of Grit + Grace and all its contents apply wherever work is being performed on myself by Grit + Grace. It is my responsibility to inform Grit + Grace of any changes that have occurred in my medical history.
- _____ I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees from Grit + Grace with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s).
- _____ I acknowledge, by signing this consent form, I have been given the full opportunity to ask any and all questions about cosmetic tattooing procedure(s), it's process, and the risks involved from Grit + Grace. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all risks involved, therefore releasing Grit + Grace of any and all legal liability. Grit + Grace is exactly that, an artist, a highly trained and skilled artist and makes no claims to be anything more. Permanent makeup/cosmetic tattooing is not a medical procedure but an art form, the art of tattooing. NO REFUNDS NO EXCEPTIONS.