



www.imagebyelise.com

Phone/Fax (949) 854-5555 elise@imagebyelise.com

HEALTH HISTORY

Who may we thank for referring you?

Name _____ Date of Birth _____ Date _____

Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____ Mobile Phone (_____) _____

Emergency Phone (_____) _____ Emergency Contact _____

E-mail address _____

Ethnic Background, please include all nationalities _____

Procedure(s) desired: Brows Eyeliner Lips Camouflage Nipple Areola

ALLERGIES (Please check if you ever had an allergic reaction to any of the following and describe what happened)

Antibiotic Ointments (i.e., Neosporin, Bacitracin, Polymyxin, etc.)

Novocain Lidocaine Epinephrine Tetracaine Benzocaine Latex Antibiotics

Cosmetics Contrast dyes as used in X-rays

Seasonal (Trees, pollen, hay fever) Other allergies (food, medicines, etc.)

GENERAL MEDICAL (Check all of the following that apply and describe if "yes")

Are you on a blood thinning or anticoagulant medications? (i.e., Aspirin, Ibuprofen, Coumadin or Alcohol)		
Are you pregnant or nursing?		
Do you have glaucoma or other eye diseases or disorders?		
Have you had laser eye surgery?		
Are you prone to eye infections (i.e., conjunctivitis/pink eye)?		
Have you ever had any eye trauma?		
Do you have dry eyes?		
Do you have thyroid abnormalities?		
Any kind of heart condition?		
Do you have high blood pressure?		
Do you bruise or bleed easily?		

Do you have asthma, emphysema, TB or other lung diseases?		
Do you have a healing problem?		
Are you diabetic?		
Do you have seizures?		
Are you on Lithium?		
Are you on Accutane, or have you taken it within the last six months?		
Are you on steroids or anti-inflammatory medications?		
Do you use Retin-A or Glycolic Acid?		
Are you iron deficient?		

YES NO

Any known allergies? If yes, please explain:		
Are you menstruating? When was your last menstrual period? _____		
Do you have any tattoos? Have they caused any problems? If yes, please explain:		
Have you had a permanent cosmetic procedure before? If yes, what procedure and how long ago? Where you pleased with the results? If not please explain?		
Do you have hemophilia or other bleeding disorders?		
Have you ever had hepatitis? When were you tested?		
Do you have an autoimmune disorder?		
Are you currently undergoing radiation therapy or chemotherapy?		
Any Surgeries? If yes, describe:		
Do you have a dermatologic disorder(s)?		
Disorder presently active?		
Do you have any keloids?		
Do your scars heal in a raised manner?		
Do your scars heal in a darker color?		
Have you ever had a herpes infection, fever blister, cold sore or canker sore at the proposed procedural site?		
Do you have any pre-existing nerve damage?		
Do you have Mitral Valve Prolapse, cardiac valve disease, valve implants or cardiac valve disease?		
Prior to dental or surgical procedures, do you take prescribed antibiotics or medication?		
Do you have Alopecia Universalis (total) or Alopecia Areata (local)?		
Do you have a nervous habit of pulling out your eyelashes or eyebrows?		

If you are presently under a physician's care for any condition, please describe _____ Are you currently taking medication, if so please list _____
 Physician's Name & Address _____ Phone __ (____) _____

GENERAL INFORMATION

Do you tint your brows? If yes, date of last service.		
Do you tint your lashes? If yes, date of last service.		
Do you wear contact lenses or eyeglasses?		
Have you had Gore-Tex implants? If yes, when and where?		
Have you had fat transfer injections? If yes, when and where?		
Have you had collagen injections? If yes, when and where?		
Do you wear dentures?		
Are your lips chapped?		
Have you had any other aesthetic procedures, even in the form of cosmetic surgery? If yes, where? And are you happy with the results?		
Are you planning cosmetic surgery in the future? If yes, please describe.		
Have you ever had a chemical peel? What type of peel?		

Do you use a sunlamp or tanning bed?		
Are you currently tan in the area(s) to be treated?		
Do you practice any outdoor activities regularly? If yes, circle which ones? Tennis Golf Gardening Boating Swimming Skiing Other		

Insurance: _____ Medical No. _____ Address: _____

YOUR PERMANENT COSMETICS CONSULTATION FEE TODAY IS \$75.00

YOUR CAMOUFLAGE CONSULTATION FEE TODAY IS \$95.00 (includes pigment color test).

Revised 03/2012



CONSENT TO MICROPIGMENTATION PROCEDURE

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT INITIALING NEXT TO EACH ITEM MEANS.

1. The nature and method of the proposed procedure(s) have been satisfactorily explained to me, including any risks or complications that may occur during and following the procedure. Initial

2. The Specialist has explained and I absolutely understand and accept that Micropigmentation (permanent makeup) is a process, often requiring more than one application of color to achieve desirable results. I also understand that 100% success cannot be guaranteed. I also understand that the extent of the procedure depends on what changes are desired and the methodology the Specialist deems appropriate. The length of time to complete the procedure varies with each individual; (a) the type of procedure, (b) width and depth of application area, (c) color desired, (d) acceptance of pigment. ___
3. I fully understand, as with all Micropigmentation procedures that this is an elective cosmetic procedure, not an exact science, but rather an art. I also understand this permanent cosmetic procedure **permanently** alters the texture and color of the skin. Depending on the procedure(s) I select, I accept responsibility for determining the color, ~~shape~~, and position of eyebrows, _____ eyeliners, lip liner and/or full lip shading, tattoo, or the color and position of camouflage. ___
4. I understand a skin/color test is available to me at least 2-5 days prior to a procedure for iron oxide pigments and 3-4 weeks for organic dyes. It has been explained to me that the purpose of the test is to either detect a possible allergic reaction to the applied pigments/dyes or to determine if the appropriate pigment/dye color was chosen. I understand that this skin/color test cannot guarantee 100% that I am not allergic to the pigment/dye. I further understand that if I am having work performed over existing color I accept full responsibility for the safety of the color already in my skin. ___
5. The Specialist has explained and I understand that most procedures require one (1) two-hour treatment visit, and (1) one-hour focus visit. I understand that to achieve optimal results, a gradual build-up of color requiring multiple applications is necessary. I further understand that the results of my procedure(s) are determined in part by the nature of the pathology of my skin type but not limited to the following factors: (a) Medication (advise the Specialist of any medication currently being administered), (b) Skin characteristics: dryness, oiliness, sun-damage, thickness, color chemically-damaged and etc., (c) My skin color blending with pigment/dye colors, (d) pH balance of my skin, which may change from visit to visit, (e) Alcohol intake, smoking, etc., (f) After care treatment (g) Current state of health. ___
6. I understand that I must schedule my focus visit six weeks after my initial procedure; otherwise there will be an additional _____ ___
7. I have received, reviewed and understand the After Care Instructions as given to me and agree to follow them. ___
8. I understand that a certain amount of discomfort is associated with this procedure. It has been explained to me that the following possibilities may occur upon completion of the procedure: Minor and temporary bleeding, bruising, redness or other discoloration of the skin; swelling; fever blisters on the lip area following lip procedures in individuals prone to them; eyelash _____ loss for eyeliner procedure, possible scarring, pigment/dye migration, infection, possible corneal abrasion, allergic reaction to pigments/dyes, and/or fading or loss of color. It has been explained to me that I must defer from donating blood for one year after the procedure. I understand that I must inform the radiologist that I have iron oxide permanent makeup pigment if I am to receive a MRI (Magnetic Resonance Imaging). ___
9. I understand that this procedure will fade, this fading can alter the original pigment/dye color, and that it is time to schedule your appointment to have the color refreshed. ___
10. 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 any Micropigmentation procedure done at this time. I am at least 18 years old. I do not have a heart condition. I do not have epilepsy. I have not had hepatitis within the last year. I am not a hemophiliac. I am not under the influence of drugs or alcohol. ___
11. I agree to follow all Before and After Care Instructions as provided and explained to me by the Specialist. ___
12. I agree that these waivers also pertain to and are designed to protect any and all establishments where **Image by Elise** conducts business. ___
13. For the purpose of documentation, I also consent to the taking of "before" and "after" photographs of said procedure(s), which may or may not be used for advertising purposes in publications and the Internet. ___



I HEREBY AUTHORIZE, **IMAGE BY ELISE**, TO _____ AND IF ANY UNFORESEEN CONDITION ARISES IN THE COURSE OF THIS PROCEDURE (S) CALLING IN HER JUDGMENT FOR PROCEDURES IN ADDITION TO OR DIFFERENT FROM THOSE NOW CONTEMPLATED, I FURTHER REQUEST AND AUTHORIZE HER TO DO WHATEVER SHE DEEMS ADVISABLE AND NECESSARY IN THE CIRCUMSTANCE. I CERTIFY THAT I HAVE READ AND HAD EXPLAINED TO ME AND FULLY UNDERSTAND THE ABOVE CONSENT TO MICROPIGMENTATION PROCEDURE AGREEMENT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND I ACCEPT THE FULL RESPONSIBILITY FOR THESE OR ANY OTHER COMPLICATIONS THAT MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROPIGMENTATION/PERMANENT MAKEUP/TATTOO PROCEDURE (S) THAT IS TO BE PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT TO MICROPIGMENTATION PROCEDURE AGREEMENT; THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN BEFORE I SIGNED. I HEREBY RELEASE ANY AND ALL PERSONS REPRESENTING, **IMAGE BY ELISE** FROM ALL RESPONSIBILITY.

Client Signature: _____ Date: _____

Micropigmentation Specialist Signature: _____ Date: _____

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APPOINTMENT POLICIES

The consultation is \$75, which will be applied toward any procedure of choice.

Please pre-arrange childcare and backup childcare for your appointment times. Children are not allowed in the facility where tattoos of any type are performed.

To reserve an appointment for a procedure, a \$200 **non-refundable** deposit is required. The deposit will be applied toward the cost of the procedure.

If an appointment must be rescheduled, a **48-hour notice is required** so that we may fill that opening in our schedule. With 48 hours or more notice, the \$200 deposit will be applied toward the rescheduled appointment. If a procedure appointment is cancelled, changed with less than 48 hours notice or is a “no-show”, the deposit will neither be refunded nor reapplied.

The first visit of the process is the **Saturation** visit. The second visit is known as the **Focus** visit. As the names imply, the Saturation visit accomplishes the basic design and color saturation, and the Focus visit addresses perfection by focusing on balance, symmetry and detail of the healed result. There is no charge for the Focus visits as long as they are *completed within 45 days of the previous visit*. If a Focus visit is missed or cancelled with less than 48 hours notice, all focus visits will be forfeited and will result in a charge of \$100 per visit. If 45 days has passed since the previous Focus visit, there will be a \$100 Tray Set Up charge.

Permanent Makeup requires maintenance as all color fades. The amount of fading depends on several variables including medications and topical treatments, but is primarily due to sun (ultra-violet) exposure; therefore, measures should be taken to protect your permanent cosmetics from the sun (sunglasses, billed caps, visor and sunscreen).

Our average client usually has her color refreshed within 3-5 years. However, there are exceptions because of the variables described above. If you need to have your permanent makeup color freshen within the

- 1st year, the charge is \$150.00 per procedure
- 2nd year, the charge is \$200 per procedure
- 3rd year, the charge is \$300 per procedure

If Color Refreshment is not performed by year 4, a new Consultation must be scheduled and a new price quote will be given.

I, the undersigned, received these appointment policies both verbally and in written form and I agree to comply with them.

Name: _____ Date: _____ Signature: _____

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