

LIP BLUSH CONSENT

Lip Blushing is a type of semi-permanent cosmetic tattooing procedure achieved by depositing pigments into the lips using a machine and small needles. While also sometimes called lip tattooing, this is more of a cosmetic enhancement rather than traditional tattoo art. Lip blushing focuses on altering both the colour and shape to create beautiful results.

CLIENT DETAILS

Name: _____ D.O.B: _____
Address: _____ City/Town: _____
Postcode: _____ Telephone: _____ Email: _____

MEDICAL QUESTIONNAIRE

I understand that it is important to answer each of the following questions honestly and not withhold medical information, as failure to do so may be detrimental to my health and safety during the treatment. There are a number of risks from withholding information which include, an increased risk of infection, bleeding, compromising the end results and risking further complications, poor healing or scarring. I understand it is my responsibility to update any changes in my medical history to the Artist before every appointment.

Please tick any of the following that apply to you:

Acne/Accutane	<input type="checkbox"/>	Fainting Episodes	<input type="checkbox"/>	Issues with wound healing	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Fever	<input type="checkbox"/>	Keloid Scarring	<input type="checkbox"/>
Alopecia	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Organ Transplant	<input type="checkbox"/>
Autoimmune Disease	<input type="checkbox"/>	Haemophilia	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>
Blisters	<input type="checkbox"/>	Herpes Simplex/Cold Sores	<input type="checkbox"/>	Skin Diseases	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Steroid	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Taking Medication	<input type="checkbox"/>
Covid-19	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Thyroid	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	High Temperature	<input type="checkbox"/>	Tumours, Growths or Cysts	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	HIV Positive	<input type="checkbox"/>	Undergoing Chemotherapy	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Infectious Disease	<input type="checkbox"/>	Undergoing Radiotherapy	<input type="checkbox"/>

If you have answered yes to any of the above or suffer with a condition not listed, please provide further details below. This doesn't automatically mean you are not suitable to undergo the treatment. However, in some circumstances you may be required to have a consultation with your GP and request they complete the Doctors Consent Form before proceeding.

Have you taken narcotics or alcohol in the last 24 hours? YES / NO
Have you taken blood thinners like aspirin, niacin, vitamin E or ibuprofen in the last 24 hours? YES / NO
Have you ever had a reaction to a dental injection? YES / NO
Do you plan on giving blood in the next 4 months? YES / NO
Are you planning to go on holiday in the next 2 months? YES / NO
Are you under the care of a specialist at a hospital or medical Practice? YES / NO
Have you received chemotherapy or radiation treatment in the last year? YES / NO
Have you had a semi-permanent cosmetic procedure before? YES / NO

Allergies may include Latex, Nickel, Lidocaine, Tetracaine, Epinephrine etc.
Do you have any allergies listed or not listed? YES / NO

If you answered YES to any of the above, please provide a brief explanation below:

Please indicate if you take or have taken any of the following medication in the last 4 weeks.

ACCUTANE / ANTABUSE / ANTICOAGULANTS / ASPIRIN / BLOOD THINNERS / CHEMOTHERAPY
MEDICATION / INSULIN / ROACCUTANE / STEROIDS / OTHER (please indicate below):

Please indicate below if you have you had any medical, dental or aesthetic procedures in the last month or plan to in the next 4 weeks following your appointment.

BOTOX / DENTAL TREATMENT / CHEMICAL PEEL / FACELIFT / FILLERS / MRI / MICRONEEDLING /
MILLION DOLLAR FACIAL / SURGERY / LASER / IPL / OTHER (please indicate below)

PATCH TEST

I understand that a patch test can determine if I will have a reaction to the product, but that it does not rule out the possibility of a reaction at any time in the future. I understand the artist follows strict training and manufacturer guidelines, however, regardless of the artist's expertise and safety measurements in place, I understand a reaction can still occur through no fault of the artist. I have undergone an allergy test at least 48 hours prior to my initial treatment and hereby release the artist from any liability related to any reaction to applied pigment or other products, or at a later date.

Client Signature: _____

Date of Patch Test(s): _____

DISCLAIMER/CONSENT/WAIVER

I certify that I have been fully informed about the treatment and read and understand the information available on the website about my chosen treatment. I understand the Terms and Conditions and have conducted the Eligibility Check prior to treatment.

To the best of 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 treatment done at this time. I certify that I am over the age of 18 and not under the influence of narcotics or alcohol.

I have not used anesthetic on my lips or taken ibuprofen, aspirin, coffee or any blood thinners prior to my appointment as doing so could be detrimental to my health and safety, compromise end results requiring further treatments and may put the artist at risk. If you take any of the above on the day of your treatment, there is a high risk of bleeding making the treatment more painful, difficult for the artist to perform and can result in poor retention.

I understand that swelling, redness and bruising may occur. I understand some people bruise and swell more than others. Ice packs may help with bruising. Swelling typically disappears within 1-7 days. Some people don't bruise or swell at all. I understand not everyone heals the same, in some circumstances, possible side effects may occur. Possible side effects include, swelling, redness, bleeding, allergic reaction, migration of pigments, scarring, poor retention, dry skin, results lasting for longer or less than expected, colour appearing cooler or warmer due to skin tone.

I will tell all skin care professionals or medical personnel about my chosen treatment, especially if I'm scheduled for an MRI (Magnetic Resonance Imaging). I also consent to not give blood for a minimum of 4 months after the treatment.

I hereby authorise the artist to perform upon myself a permanent cosmetic treatment/medical enhancement and understand this is an advanced form of tattooing. If any unforeseen condition arises in the course of the treatment(s). I further request and authorise the artist to use her full judgement and do whatever she deems advisable and necessary in these circumstances.

I am fully aware that the artist uses needles which are sterile and disposed of after each treatment. I accept that while in the salon, the highest standards of hygiene are met and the artist adheres to strict health and safety measures and that my risk of infection begins the moment I leave the salon. I am aware that my lips may appear darker by up to 50% during the first week following the treatment. I understand and accept that each treatment is a process requiring multiple applications of pigment to achieve desirable results, and that 100% success cannot be guaranteed as every skin type is different. I understand that this is why I need to return for a top up 4-6 weeks later.

I understand that the true colour will be visible one month after each treatment and the colour may vary according to skin tones, skin type, age and skin conditions. I appreciate that some skin types accept colour easier than others and no guarantee of an exact effect or colour can be given.

I understand that the top up if required, will be performed 4-6 weeks after the initial treatment and that after a two-month period, I will be charged an additional fee for any top ups/colour boosts. It is my responsibility to make sure I book my top up/colour boost with the artist. Failure to do so may result in further charges. I understand that the top up cannot be performed earlier than 4 weeks after the initial treatment as I need to wait for the area to fully heal before making any adjustments. I understand that some individuals require further top ups due to lifestyle, skin type, poor aftercare and other factors. The artist is not responsible for poor pigment retention or poor aftercare and these actions will result in needing further top ups. I am aware additional top ups are not included in the price of treatment and these are chargeable.

I understand and agree that it is my responsibility to confirm when I am happy with the pre-drawn shape and colour choice prior to the treatment. It is my responsibility to advise if I am not happy before starting the treatment.

I absolutely understand that micropigmentation is an art process and is not an exact science and that every client heals differently. I understand that this is an elective procedure and is not medically necessary. I understand that I will need to return for a second treatment before my procedure can be deemed complete. I understand that if I do not allow the technician to complete the procedure, I accept all responsibilities for the result.

I understand that there are few effective methods for pigment removal. Laser removal has proven successful, however, is a process.

I understand that pigment may migrate under the skin, however this is a rare occurrence. I fully understand and accept that non-toxic pigments are used and may fade over time. Even though the colour has faded, the pigment will stay in the skin indefinitely and may leave a slight residue of color.

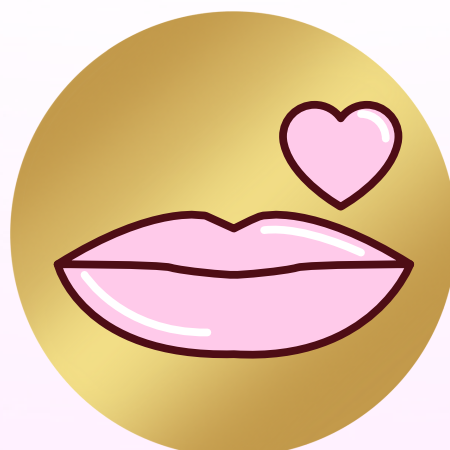
I understand that micropigmentation is an invasive procedure/treatment and the process can be uncomfortable. I am aware that the result of the treatment can be determined by several factors. For example: Medication, skin characteristics (dry/oily/combination/sun-damaged), natural skin undertones, alcohol/smoking intake, general stress, a compromised immune system, poor diet, sun/sunbeds, chemical peels, hormone changes or not following post treatment aftercare correctly.

I understand that future laser treatments or other skin altering procedures, such as plastic surgery, chemical peels, implants, fillers and/or injectables may alter or impact my results.

I confirm I have been directed to the aftercare information, will strictly adhere to the aftercare instructions given and only use the aftercare products given. I understand that complications are possible, particularly if post-treatment aftercare instructions are not followed and if I get an infection post- treatment, I will visit my doctor immediately and accept that it could be due to the fact that I do not live within sterile conditions. If I have any questions or queries after the procedure, I will contact the artist. I am aware the results may be impacted if I do not adhere to the aftercare information provided.

I consent to photography, filming, recording and/or digital imaging of the treatment to be performed and usage of the photos for advertising via social media, websites, shown to other clients etc.

I understand it is my responsibility to inform the artist of any changes to my medical history before every appointment. I agree to pay the full sum of the treatment and there are no refunds once treatment has been carried out.



CONFIDENTIALITY

On completion of signing this form, you agree that I will keep your personal data in strict accordance with General Data Protection Regulation.

DEPOSITS

A Non-Refundable deposit is taken on all bookings, which will be deducted from the price due on the day of the treatment. The artist will require a minimum of 48 hours' notice to reschedule or cancel appointments. Failure to give 48 hours' notice will result in the loss of the deposit and a new deposit being paid.

DISCLAIMER OF RESPONSIBLY, DISPUTES RESOLUTION AND LIABILITY

I am aware the artist shall be exempt from all subsequent claims, demands, compensation of damages, actions and causes of action arising from the provided service. I understand the artist will reserve their right to make any subsequent claims against me for defamation proceedings before the court for any defamation against _____ . By signing this form, I agree I will not write any negative reviews online. I will not publish any complaints, negative or defamatory reviews via any other means, including social media platforms and forums. If I have any concerns, I will contact the artist directly. Failure to abide by this agreement, will result in a claim against me by a sum advised by the artists advisor.

BINDING AGREEMENT

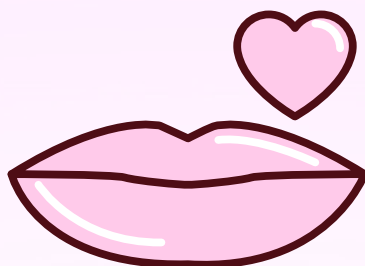
I certify that I have read and fully understood the contents of this Treatment Consent Form and agree to be bound by it. I understand the risks involved in the treatment(s). I have had the opportunity to ask questions and all of my questions have been answered. I authorise and give consent for the artist to carry out the treatment(s) and I have requested to have the treatment(s) of my own free will. I agree that all of the above information is true and to the best of my knowledge.

Client Name (Print Name): _____

Client Signature: _____ **Date of Treatment:** _____

Artist Name (Print Name): _____

Artist Signature: _____ **Date of Treatment:** _____



POST TREATMENT CONSENT

(To be completed after the treatment)

I hereby confirm that the artist used sterile, sealed tools and they were opened in front of me.	YES	NO
I'm satisfied with the immediate results from this procedure.	YES	NO
I have been given full aftercare instructions.	YES	NO

Client Name (Print Name): _____

Client Signature: _____ Date of Treatment: _____

Artist use only):

Needle (LOT No): _____

Previous PMU: _____

Pigments used: _____

Skin Type: _____

Cost: _____

Remaining Balance: _____

TOP UP TREATMENT CONSENT

(To be completed after the topup)

I hereby confirm that the artist used sterile, sealed tools and they were opened in front of me.	YES	NO
I hereby confirm that I'm satisfied with the adjustments made during this treatment and aware the color may vary after the touch up.	YES	NO
I have been given full aftercare instructions.	YES	NO

Client Name (Print Name): _____

Client Signature: _____ Date of Treatment: _____

Artist Name (Print Name): _____

Artist Signature: _____ Date of Treatment: _____

Artist use only):

Needle (LOT No): _____

Previous PMU: _____

Pigments used: _____

Skin Type: _____

Cost: _____

Remaining Balance: _____