

ANGELA HALL

permanent make-up & lash artist

PRE-TREATMENT DOCUMENT

PATCH TEST TOPICAL ANAESTHETIC

GENERAL HEALTH SUITABILITY TREATMENT DOS & DON'TS

PRE-PROCEDURE ADVICE POST-PROCEDURE & AFTERCARE ADVICE

Where possible, you must read this pre-procedure document at least two weeks prior to your appointment and follow the advice and guidelines stated. You will need to bring the completed document to your treatment. Failure to comply could result in the treatment appointment being cancelled. Please take a copy of the completed document for your records.

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SENSITIVITY PATCH TESTING:

Please circle:

- | | | |
|--|-----|----|
| • Are you pregnant or breastfeeding? | Yes | No |
| • Do you suffer from any illnesses? | Yes | No |
| • Have your medications changed since your general disclosure? (this includes over the counter medicines/vitamins) | Yes | No |
| • Do you have any known allergies? | Yes | No |
| • Do you have any skin conditions including problematic scarring? | Yes | No |

Please specify if any yes answers:

The next stage of assessing your suitability for the treatment is to perform a sensitivity skin/patch test. This must be completed no less than 24 hours prior to your treatment.

Date of skin/patch test Performed by Angela Hall.

PLEASE NOTE, A NEGATIVE SENSITIVITY PATCH/SKIN TEST RESULT DOES NOT GUARANTEE YOU WILL NOT HAVE AN ALLERGIC REACTION.

Should you experience any of the following symptoms indicating an allergy, please inform me as soon as possible. The following could indicate but are not limited to an allergy:

- Redness
- Inflammation
- Itching

DECLARATION

I have read and fully understood the above information. I have received my patch test and have experienced no reaction.

Please sign after 24 hours of your skin/patch test.

Client Signature

Date

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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TOPICAL ANAESTHETIC

WHAT IS A TOPICAL ANAESTHETIC?

- A topical anaesthetic is a form of anaesthetic used to numb the skin.
- This will be applied to the surface of the skin, not injected.

DURING THE TREATMENT

- The topical anaesthetic will be placed over the treatment area before the treatment commences, then carefully removed prior to the treatment.
- The effects of the anaesthetic vary from individual to individual. We cannot guarantee that you will not experience any discomfort or pain during the treatment or that the treatment area will numb completely.

ALLERGIC REACTIONS AND RISKS

- Allergic reactions can occur from any topical anaesthetics used during the course of the treatment.
- If you do suffer from an allergic reaction after the treatment, you should notify your technician as soon as possible and contact your doctor immediately. If the reaction is very severe, you should go to your nearest Accident and Emergency hospital department.
- An allergic reaction response may display as severe redness, itching, swelling, a rash, blistering, dryness or any other symptom associated with an allergy.

AFTER THE TREATMENT

- As a result of the permanent cosmetics treatment, combined with the use of anaesthetic, you can expect to experience swelling and redness that could last up to five days. You should always follow your post-procedure advice.

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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PERSONAL DETAILS

Title

Name

Date of Birth

Address

Occupation

Telephone

Email

Name of Doctor

Emergency Contact

Emergency Contact No

Preferred Method of Contact

Email

Phone

SMS

Post

By selecting any of the boxes above, you agree to your technician storing and processing your information in accordance with General Data Protection Regulation (GDPR). Your information will be used for marketing purposes and to share relevant information and update with you. You will be contacted via the preferred method of contact that you have selected. You have the right to opt out at any time.

MEDICAL HISTORY List all medications you have taken within the last six months:

Have you taken any of the following in the last two days?

Aspirin

Yes No

Ibuprofen

Yes No

Warfarin/any blood thinners

Yes No

Alcohol

Yes No

Medication containing isotretinoin Yes No

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

Yes No

Do you smoke?

Yes No

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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ALLERGIES Please tick if you have ever had an allergic reaction to any of the following:

Adrenaline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Latex	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anaesthetics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lidocaine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cosmetics	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medication (if yes, please specify below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glycerine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Metals (e.g. Nickel)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hair Dyes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Nuts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lanolin	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Other Allergies (List)

Have you ever had problems with anaesthetics at the dentist or during other surgery or treatments? Yes No

Please tick if you suffer from or have any of the following medical conditions:

Abnormal heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HIV and aids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Acne	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hair loss (recent)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alcohol dependency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Healing problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alopecia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Heart murmur	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anxiety	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hyperpigmentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Artificial heart valves/joints	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hypertrophic scars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Auto-Immune disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Impetigo	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bell's palsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Infections, fungus or viruses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birthmark(s) at site	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Keloid scars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blurred vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Liver/kidney disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bruise or bleed easily	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Low blood pressure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer (in the last six months)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lupus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Circulatory problems	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Moles (raised or irregular)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dermatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Palpitations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prolonged bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eczema	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Psoriasis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy (in the last two years)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rashes or hives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fainting spells or dizziness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rheumatic fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Haemophilia	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Scar easily	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hepatitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sensitivity to cosmetics	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Sensitivity to iron oxides Yes No
Shingles Yes No
Skin cancer Yes No
(in the area of application)
Spider veins Yes No
Stroke Yes No
Sunburn (recent) Yes No

Have you had any of the following? (if yes, please provide details below):

Accutane (acne treatment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fish oils	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antabuse (acne treatment)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Microdermabrasion	Yes <input type="checkbox"/> No <input type="checkbox"/>
AHA preparations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Omega 3 or fatty acids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Botox	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pacemaker	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brow/lash growth serum	Yes <input type="checkbox"/> No <input type="checkbox"/>	Retin-A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brow lift	Yes <input type="checkbox"/> No <input type="checkbox"/>	Roaccutane (acne treatment)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chemical or laser peels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Silicone injections	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cortisone	Yes <input type="checkbox"/> No <input type="checkbox"/>	Steroids	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cosmetic surgery (in or around the Treatment area)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tattoos	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evening primrose oil	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Facial prosthetics / metal plates	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Are you pregnant or breastfeeding at present? Yes No

Details (All answers will be treated with the strictest confidence)

Do you have oily skin dry skin combination skin normal skin sensitive skin

I have not undergone botox treatment or any other surgical or non-surgical treatment within the last 14 days and written notice of any planned botox, surgical or non-surgical treatment has been given to my technician.

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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IMPORTANT TREATMENT INFORMATION

- Please wear your usual daily makeup on the day of the treatment.
- **DO NOT** take aspirin, ibuprofen or coumadin for two days before and two days after the treatment.
- Alcohol **MUST NOT** be consumed in the 24 hour period prior to the treatment.
- Avoid coffee in the 24 hour period prior to the treatment.
- Refrain from using sunbeds and avoid natural sun exposure for two weeks before and after the treatment.
- This treatment is a form of cosmetic tattooing.
- Permanent cosmetics may require multiple treatment sessions.
- For best results, you will be required to return for at least one retouch treatment between 6 and 12 weeks after the initial treatment.
- Immediately after the procedure, during the healing process, the results can appear darker. The pigment colour will fade during the healing process. It is your responsibility to keep the treatment area clean and free from contaminants.
- Infections can occur.
- Allergic reactions to topical anaesthetics and pigment can occur.
- There may be swelling and redness following the procedure.
- You may experience minor bleeding.
- A retouch cannot be performed until the treatment area is completely healed.
- In rare cases, the pigment could migrate under the skin.
- Application of permanent cosmetics can be uncomfortable.
- The pigment will fade over time and a colour-boosting procedure will need to be performed approximately 12 to 18 months after the original procedure.
- A negative sensitivity patch test will not guarantee that you will not have an allergic reaction.
- Possible scarring and inconsistency of colour can occur.
- After having a permanent cosmetics procedure, I must tell the radiologist if I have an MRI or CAT scan.
- I understand I cannot donate blood for 4 months after the treatment. Please check for any changes in the amount of time before donating blood.

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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THE AFTERCARE RULES ARE AS FOLLOWS (IT IS VERY IMPORTANT THESE ARE FOLLOWED):

- The treatment area must be kept completely dry whilst it is healing. We recommend a gentle facial cleanser or wipe for the rest of the face during this time.
- Keep hair away to prevent infection.
- No products should be applied other than those your technician instructs you to use.
- Do not expose the treatment to extreme heat, cold or moisture for two weeks following your treatment. This includes direct sunlight, tanning beds, saunas, steam rooms, hot tubs, fake tan and swimming.
- Do not pick, peel or scratch the treatment area as this could result in scarring or infection.
- Avoid applying makeup to the treatment area until the wound has completely exfoliated.
- If you are a blood donor, you may not be eligible to give blood for four months after your procedure.
- Do not have any tinting or waxing for at least two weeks after the procedure or until the area has fully healed.
- It is your responsibility to follow the aftercare rules to obtain the best results.

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

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GENERAL DISCLOSURE

Please read these statements:

1. I am 18 years old or above. Yes No
2. I can confirm that I do not suffer from any physical, mental or medical impairment or disability that may affect my ability to decide whether or not to have a permanent cosmetics procedure. Yes No
3. I am not under the influence of alcohol or drugs. Yes No
4. I have disclosed all medical conditions by completing the medical health section of the Pre-Treatment Document. Yes No
5. I authorise the technician ANGELA HALL to perform the procedure on me. Yes No
6. I have followed the pre-procedure advice and performed the patch tests provided for pigment and topical anaesthetics at least 24 hours before this appointment. Yes No
7. I have not sustained any allergic reactions or sensitivity to the patch test. Yes No
8. I understand and appreciate that the results that I get at the end of the procedure will vary depending on several factors, namely: the skill of the technician; the pigment colour blended with my natural skin tone; the shape and position of my facial features; skin characteristics (dry, oily, thin, thick, sun-damaged); the pH balance of my skin; diet; alcohol intake; smoking; and any medication that I am taking. If the end results are not what I expected I have no automatic rights to make requests for any changes (unless the technician agrees to make changes). Yes No
9. I understand that this treatment is a form of tattooing and the pigments will fade. Yes No
10. I accept full responsibility for determining and agreeing the colour, shape and position of my permanent cosmetics procedure during the course of my consultation. I understand that whilst every effort is made to ensure symmetry, no-one's face is symmetrical. Yes No
11. The application procedure for permanent cosmetics has been explained to me, either before or on the day of my appointment and I accept that non-toxic pigments will be used during the procedure(s). I understand that permanent cosmetics is a multi-treatment process with colour being carefully implanted over a period of time. For this reason, I understand that I may need to return for one or more retouch procedures after the first application. Yes No
12. The retouch mentioned above can be carried out between 6 and 12 weeks after the first application. I agree to book my appointment within this time period, and if the procedure is not carried out during this period, I understand I will have to pay an additional charge at the time of the retouch procedure. Yes No
13. I understand the application of permanent cosmetics pigment may be painful or uncomfortable. Yes No
14. There may be an immediate or delayed allergic reaction to pigments and anaesthetic. However, reactions are rare. Yes No

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15. Infections can occur. In rare cases, pigment can migrate under the skin. Yes No
16. In some cases, particularly people with oily skin, pigment retention can be very poor. If the technician advises me of the potential for low pigment retention, I agree to go ahead with the procedure on the understanding that a refund will not be given for poor retention. Yes No
17. I understand that once the pigments are tattooed into the skin, the colour will fade over time. I accept the fact that even though the colour may fade, the pigment will stay in the skin indefinitely. Yes No
18. One my procedure is completed I am aware that it is likely that I will experience some swelling, bruising and/or redness of the skin. This will usually subside in about 4-5 days. I should be able to resume my normal activities immediately following the procedure(s), although I have been strongly advised by the technician not to use cosmetics or products (other than the aftercare instructed by the technician) on affected area(s). I have also been advised not to do any activities that would expose the affected area(s) to sun or cause my body to perspire excessively. Yes No
19. I have been informed that sterile needles and pigment containers are used for each treatment. Yes No
20. I agree to follow the aftercare advice for the duration of the aftercare period. Yes No
21. The colour chosen will look darker when initially implanted but will exfoliate and lighten within 7 to 14 days. Yes No
22. I consent to the taking of before-and-after photographs of my procedure and results, and I assign all intellectual property rights including all model rights in the photographs to the technician performing the procedure. Yes No
23. I confirm that I have asked and had answered any relevant questions and am happy that I understand all the different aspects of the procedure before having the procedure done. Yes No
24. Once I have had the procedure done, I have been advised that the true colour will not be seen until approximately four to six weeks after, although this is not guaranteed and varies for each individual. Yes No
25. I have been given aftercare instructions and understand that I must adhere to these instructions. Yes No
26. I understand that Angela Hall takes no responsibility for any possible complications & consequences that may result from the procedure, particularly if I neglect to answer all questions properly, fail to accurately disclose my medical history, or fail to follow pre-procedure and after-care advice. Yes No
27. I understand that all services are non-refundable. Yes No

Please sign your initials in the box to confirm you have understood and complied with the instructions above.

