

Boise Brows Permanent Cosmetics Information and Consent Forms

Date _____
 Name _____ Date of Birth _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Day/ Cell Phone _____ Email _____
 Emergency Contact _____ Phone: _____ Relationship _____
 Who may we thank for referring you? _____

Procedure Desired _____

Permanent Brows \$475

Touchup (within 4 months) Tray Fee \$50

Touchup 12 Months \$150

Touchup 12-18 months touchup session may be required

Touchup 24 months + is treated as a new procedure and will incur the same cost

Correction work is by consultation only and no pricing will be given based on the unknown number of appointments needed to correct previous work

Are you pregnant or nursing?	Yes	No	Do you consume aspirin daily?	Yes	No
Have you had any alcohol in the last 24 hours?	Yes	No	Are you under treatment for depression?	Yes	No
Have you ever had cold sores or fever blisters?	Yes	No	Do you have any type of herpes virus?	Yes	No
Do you have allergies to latex?	Yes	No	If you have permanent cosmetics or tattoos did you have any problems with them healing?	Yes	No
Have you had laser or chemical peels within 6 months?	Yes	No	Are you undergoing radiation or chemotherapy?	Yes	No
Have you ever had any permanent cosmetics or tattoos?	Yes	No	Are you now or have you ever been on accutane? Last pill? _____	Yes	No
Do you bruise easily or for no obvious reasons?	Yes	No	Are you wearing a pacemaker?	Yes	No
Do you routinely use Retin-A, glycolic, or other exfoliating products?	Yes	No	Do you take prescription medications? _____	Yes	No
Do you wear contact lenses?	Yes	No	Are you anemic?	Yes	No
Do you have problems healing?	Yes	No	Do you have sensitive skin?	Yes	No
Is your skin oily?	Yes	No	Do you have allergies to makeup?	Yes	No
Do you use tobacco? If you use tobacco you may heal slower and this may affect the timing for a touchup appt	Yes	No	Do you have any medical condition that requires you to pre-medicate with an antibiotic prior to dental procedures?	Yes	No
Do you have a heart condition?	Yes	No	Do you have dry eyes?	Yes	No
Are you diabetic? Type 1 or type 2?	Yes	No	Do you intentionally tan- Sun or tanning beds?	Yes	No

Do you have an autoimmune disorder?	Yes	No	Do you personally have a history of cancer?	Yes	No
Do you have botox Injections? When was your last injection? _____	Yes	No	Do you have a history of stroke or heart attack?	Yes	No
Do you hyper pigment? Tendency to develop dark spots on the skin from wounds or sun?	Yes	No	Do you hypo pigment? Lack of pigment in the skin?	Yes	No
Do you tend to develop keloid or hypertrophic scars?	Yes	No	Are you allergic to hair dye?	Yes	No
Do you scar easily from minor injuries?	Yes	No	Do you have glaucoma or other eye disease?	Yes	No
Do you have any seizure related conditions?	Yes	No	Do you have arthritis?	Yes	No
Do you have a tendency to faint or become dizzy?	Yes	No	Do you have high or low blood pressure?	Yes	No
Do you bleed excessively from minor cuts?	Yes	No	Do you have sinus problems?	Yes	No
Have you had Lasik or vision correction surgery in the last 3 months?	Yes	No	Are you prone to eye infections (conjunctivitis/ pink eye) or herpes of the eye?	Yes	No
Are you on a blood thinning medication?	Yes	No	Are you on steroids or anti-inflammatory medications?	Yes	No
Have you had an organ transplant?	Yes	No	Do you swell easily?	Yes	No
Are you currently tanned in the areas to be treated?	Yes	No	Do you have hemophilia or a clotting disorder?	Yes	No
Have you ever had Hepatitis A, B, or C Last tested? _____	Yes	No	Do you have pre-existing nerve damage in the area that I will be working on?	Yes	No
Do you have a thyroid condition?	Yes	No	Do you have Alopecia (loss of hair)?	Yes	No

If you answered “yes” to any question above does not indicate that you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to me as your technician as each person’s body is unique, or it may indicate that it would be advisable or required that you consult with you physician before proceeding.

If this form has not addressed a medical condition you have, Please note here:

Please list any medications or supplements you are taking:

Please list any allergies you may have:

Boise Brows Informed Consent

Client Name _____ Date _____

The nature and method of the proposed cosmetic tattoo procedures have been explained to me by Cori Simons including the usual risks inherent in the procedure process, and the possibility of complications during and following the procedure. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effect may include minor or temporary bleeding, bruising, swelling, and/ or redness or other discolorations. Fading or loss of pigment may occur. Unevenness in the 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 it is rare. _____ (initial)

*I have informed Cori Simons of any and all health problems _____ (Initial)

*I acknowledge that complications including infection are always possible as a result of cosmetic tattoo procedures, particularly in the even of my post-procedural instructions are not followed _____ (initial)

*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 Cori Simons of any existing problems _____ (Initial)

*I **REQUEST** a patch test (requires rescheduling) _____ (initial) I declined a patch test _____ (initial)

*It has been explained to me that immediately after the procedure 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 6-10 days) during the healing process, the color will lighten/soften and the design/ procedure will heal thinner than it looked the day it was performed _____ (initial)

*Results WILL appear softer as the treated area heals. The area/s treated WILL NOT look as DEFINED or as BOLD as the 1st procedure. My skin type and treatment of the area will determine my healed results _____ (initial)

*I understand that if I have **oily/severely oily** skin the pigment will heal/appear much softer and can look more solid due to the over production of oil. The pigment WILL fade quicker. I accept this risk and would like to proceed. _____ (initial)

*I acknowledge and understand that pigment implanted on darker skin types (ie Indian, African American, Filipino, Hispanic etc) the pigment will appear softer and blend more with your own skin's melanin and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible. _____ (Initial)

*I acknowledge that a touchup session may be needed to insure proper color retention. The Touchup session is not included and is a \$50 tray fee. _____ (initial)

*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 Cori Simons cannot predict how my body will react as a result of this procedure _____(Initial)

*Frequent tanning and sun exposure WILL heal darker (ashy undertones) and WILL fade the pigment quicker. It is recommended to NOT have a tan/burn (30 days before/after) on your face at the time of your procedure. _____ (initial)

*I acknowledge that the procedure will result in a permanent change in my appearance and that no representations have been made to me as to the ability to later change or remove the results _____ (initial)

*Alopecia Clients or Clients that shave their brows due to the change in the skins texture, pigments may heal more powdered. _____ (initial)

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

*I understand that tattoos may cause MRI (Magnetic Response Imaging) artifacts and that is a 1%-2% chance of a reaction. Within that 1%-2% for almost all there will be a warming and/or tingling sensation in the tattooed area the MRI due to the iron oxide properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event an MRI procedure is prescribed _____ (initial)

* I authorize Cori Simons to obtain pre-procedural and post-procedural pictures, and give her permission to use such pictures for publication and/or teaching purposes as she chooses. _____ (initial) _____ Full Face _____ Half Face _____ Eye and Brow Only

*I acknowledge the receipt of written instructions advising me of the proper care of my procedure and ointment by Cori Simons. I understand the absolutely necessity for following these instructions. _____ (initial)

***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 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 will determine your result. I realize that my body and my skin is unique and that Cori Simons cannot in any way predict how your skin may react to the procedure or how it may or may not accept color. I also realize that Cori Simons cannot predict how many visits it will take to complete my procedure. _____ (initial)

*The fee for you cosmetic tattoo procedures have been explained to me including the initial procedure fee, touchup fees, and maintenance fees. These fees are understood and agreed upon. I understand the total fee for services rendered is due upon completion of the initial procedure and that WILL BE separate fees for any touchup/ follow-up work. _____ (initial)

*I accept full responsibility for determine the color, shape, and position of the pigments that will be applied, I understand the actual healed color of the pigment applied will be modified slightly due to my own unique skin undertones. _____ (initial)

*I acknowledge that this procedure will fade and this fading can alter the original pigment color. This fading determines that is time for a touchup _____ (initial)

*Due to the fact your approval is obtained prior to final selection of color to be implanted and design application that all facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have any and all questions answered, Cori Simons employs a **NO REFUND** policy. _____ (initial)

*Cori Simons has the right to refuse service to anyone at any time for any reason _____ (initial)

* I agree that if I had permanent cosmetics performed previously by another technician, I will not hold Cori Simons responsible for future allergic reactions or contraindications. _____ (initial)

*This contract is to remain in effect for as long as I remain a client of Cori Simons and all its contents apply whenever work is being performed on myself by Cori Simons. It is my responsibility to inform Cori Simons if any changes have occurred in my medical history. _____ (initial)

*I have read and understand the contents of each paragraph above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from, or consequences of the aforementioned procedure. _____ (Initial)

*I am over the age of 18, and not under the influence of any drugs or alcohol _____ (initial)

I (print name) _____, acknowledge by signing this consent form, have been given full opportunity to ask any and all questions about cosmetic tattooing procedures, its process, and the risks involved from Cori Simons. The decision to have cosmetic tattooing procedures performed is my own and I understand all risks involved, therefore releasing Cori Simons of any and all legal liability. Cori Simons is an artist, a highly trained, experienced 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.**

Client Name (signature) _____ Date _____

I have personally reviewed the above information
(Cori Simons Signature) _____ Date _____

Boise Brows Procedure Chart Notes

Client Name _____ Date _____

Skin Tone _____ Hair Color _____ Age _____

Procedure _____ Fee Paid _____

Clients desired result _____

Machine/Method _____ Needle _____

Anesthetic used: _____

Pigments used _____

Procedure Notes _____

* Cori Simons has recommended _____ for my skin type. I understand that she as an experienced and educated technician made this recommendation for a reason and I have elected to go against her recommendations to receive _____. I will not hold her liable for any issues associated with the procedure including but not limited to; Blurring of hairstrokes, lack of pigment retention, or pigment healing in undesired colors. I understand skin as an organ, my skin type, and genetics all play a roll in how permanent makeup will heal and cannot be predicted. I understand that if I need additional sessions to correct or redo the procedure that those will be an additional cost _____ (Signature)