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**COSMETIC TATTOO CLIENT HISTORY AND CONSENT FORM**

**PLEASE PRINT, SIGN AND BRING TO YOUR APPOINTMENT**

Name ……………………………………………………………………………… Date……………………………………………………………………………………………

Address: ………………………………………………………………………………………………………………………………………………………………………………………………………………..

Contact number………………………………………………………………. Date of birth………………………………………………………………………

Email address (would you like to join our newsletter) YES/NO ………………………………………………………………………………………………………………………………

**YOUR HEALTH**

* Are you currently on any medication? Some medications may affect your healing and colour outcome. These include medications for HRT, depression, diabetic and immune diseases. If yes, please provide details:

…………………………………………………………………………………………………………………………………………………………………………………….....................

* Do you or have you had any health problems you think may have contraindication to any treatment? Eg. Cancer treatment, asthma, cold-sores, flu, viral infection. If yes, please provide details:

………………………………………………………………………………………………………………………………………………………………………………………………………..

* Do you have any allergies you think may have contraindication to any treatment? If yes, please provide details:

………………………………………………………………………………………………………………………………………………………………………………………………………..

 **Please tick any of the following that may apply to you.**

 Do you drink alcohol? *If so, how much have you had in the last 24 hours*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I am on blood thinner medication  I am diabetic

 I am pregnant  I take aspirin

 I am breastfeeding  I have blood clotting problems

 I have heart palpitations  I have high blood pressure

 I have had hepatitis/HIV  I have had facial surgery in the last 3 months?

 I take antibiotics  I have allergies

 I wear contact lenses  I have eye disorders

 I am using lash enhancement serum  I have had cold sores

 I have had collagen injections/fillers/botox  I have taken Roaccutane medication in the last 6 months

 I take Retin A medication and/or topical medication

**YOUR SKIN**

* What skincare products are you currently using? (Please circle which apply to you)

CLEANSER TONER MOISTURISER SCRUB FACE SOAP MASK

EYE CREAM BODY SCRUB SELF TANNER BODY MOISTURISER

* Current skincare brand/s you are using? …………………………………………………………………………………………………………………………………………………
* Have you ever had chemical peels, Microdermabrasion or any resurfacing treatment? YES NO
* Do you, or have you used Roaccutane or Vitamin A prescribed by a doctor? YES NO
* Have you used a solarium YES NO
* Have you been sunburnt in the last 3 months? YES NO
* Are you claustrophobic? YES NO
* Please circle which skin type you believe best describes you

DRY/TIGHT SKIN SENSITIVE SKIN OILY SKIN ACNE PRONE SKIN

COMINATION SKIN AGEING SKIN

* Please circle any areas you would like to improve

DEHYDRATION BREAKOUTS OPEN PORES FINE LINES AND WRINKLES

DARK CIRCLES PIGMENTATION BLACKHEADS MILIA

* If we could change one thing with your skin right now, what would it be?

………………………………………………………………………………………………………………………………………………………………………………………….

* Is there any other services you would like some information on?

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**CONSENT**

I understand that this treatment is for cosmetic purposes only. That no guarantee has been made to me regarding the results as I understand that every skin responds differently. I am responsible for the “at home care” using only the aftercare product in my at home care advice if not I may have risk of infection or fading of pigments if not carried out fully;

* I consent to before and after photographs of this procedure which is at the tattooist’s discretion
* I cannot donate blood within 6 months from today
* I consent to the use of topical anaesthetics containing lidocaine and epinephrine
* I am aware that I may require a follow up visit in 1-2 months’ time to achieve the final result or adjustment
* I am aware that latex gloves may be used and consent to their use
* I have been given an aftercare sheet via email and have read it. I am over 18 years of age

CLIENT SIGNATURE (signed before procedure) ……………………………………………………………………………………………………………………………….

I am satisfied with the results obtained from this procedure I have been informed that colour may vary as the skin heals I have been given aftercare instructions.

 CLIENT SIGNATURE (signed after procedure) …………………………………………………………………………………………………………………………………

**……………….…….……………………………………………..……..……… END CLIENT INFORMATION……………………..……………….………………………………………………**

**CLINIC USE ONLY** COLOUR DROPS

NEEDLE SIZE \_\_\_\_\_\_\_\_\_\_\_ PROCEDURES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TATTOOIST\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COST $ \_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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