## CONFIDENTIAL MEDICAL PROFILE

Name:_____Date of Birth:_____

Address:_____

City:_____ State:_____ Zip:_____ Phone:_____

Email:_____

Emergency Contact: _____ Relation:_____ Phone:_____

*To Avoid Unforeseen Complications, Please Answer the Following Questions (circle yes or no)*

**Yes No** Tendency to develop fever
**Yes No** History of Ocular Herpes
**Yes No** History of Stroke
**Yes No** Kidney Disease
**Yes No** Alopecia
**Yes No** History of Keloid, Hyperpigmentation, and/or Hypertrophy Scars
**Yes No** Trichotillomania
**Yes No** History of MRSA
**Yes No** Botox (last treatment_____)
**Yes No** Permanent Makeup (area__/ year____)
**Yes No** Diabetes
**Yes No** HIV/AIDS
**Yes No** Hepatitis (A,B,C,D)
**Yes No** Forehead/Brow lift
**Yes No** Easy bleeding
**Yes No** Face lift
**Yes No** Alcoholism
**Yes No** Abnormal Heart Condition or Shortness of Breath
**Yes No** Take meds before Dental work

**Yes No** Laser or Chemical Peel (last treatment_____)
**Yes No** Pregnant now/ Breast feeding now
**Yes No** Brow or Lash tinting
**Yes No** Autoimmune Disorder
**Yes No** Oily Skin
**Yes No** Cancer (year_____)
**Yes No** Accutane or acne treatment
**Yes No** Chemotherapy/ Radiation
**Yes No** Tan by booth or sun
**Yes No** Tumors/ Growths/ Cysts
**Yes No** Difficulty numbing with dental work
**Yes No** Taking mood altering drugs in the last 12 hours
**Yes No** Taking antibiotics, immunosuppressive medication, anti-inflammatories or steroids
**Yes No** Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc.
**Yes No** Had alcohol or caffeine in the last 48 hours

**Yes No** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Antibiotics, Propylene glycol, Vitamin E, ect. (Please list allergies)
_____

**Yes No** Allergies to latex, metals, food, etc._____

**Yes No** Any diseases or disorders not listed:_____

**Yes No** Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?_____

**Please list medication or vitamins you're presently taking:**
_____
_____

**I agree that all the above information is true and accurate to the best of my knowledge.**

_____ _____
CLIENT SIGNATURE DATE

## Double Dutch Beauty Studio Luxury Permanent Makeup

The nature and method of the proposed cosmetic tattoo procedure(s) has been explained to me by Sasha Flanagan including the usual risks inherent in the procedure process, and the possibility of complications during and following the procedure(s). I understand that there may be a certain amount of discomfort or pain associated with the procedure(s) and that other adverse side effects may include: minor and temporary bleeding, bruising, redness or other discoloration and/or swelling. Fading or loss of pigment may occur. Secondary infection in the area of the procedure is rare if properly cared for, but may occasionally occur. Fading or loss of pigment may occur. Unevenness in design may occur due to swelling. _____(init.)

1. _____ I have informed Sasha Flanagan of any and all health problems.
2. _____ I have informed Sasha Flanagan of any and all of my known allergies. I acknowledge that it is not always reasonably possible to determine in advance 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 risk that such reaction is possible.
3. _____ It has been explained to me that immediately after the procedure(s) 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 5-7 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.
4. _____ 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 Sasha Flanagan cannot predict how my body will react as a result of this procedure.
5. _____ I acknowledge that complications as a result of semi-permanent makeup procedures may occur, particularly in the event that the post-procedural instructions are not followed, and accept full responsibility for such complications.
6. _____ I acknowledge that the procedure(s) will result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the results. Tattoo removal is a surgical procedure which may cause scarring and.or disfigurement.
7. _____ I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may alter and degrade my cosmetic tattoo procedure(s). I further understand that such changes are NOT the responsibility of Sasha Flanagan, and such changes in my appearance may NOT be correctable through further cosmetic tattoo procedures.
8. _____ I understand tattoos may cause MRI (magnetic response imaging)artifacts and that there may be a warming and or tingling sensation in the tattooed area during 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 in the event an MRI procedure is prescribed.
9. _____ I acknowledge the receipt of written instructions advising me of the proper care of my procedure(s) and ointment by Sasha Flanagan. I understand the absolute necessity for following these instructions.
10. _____ 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 to the results of this procedure, and that the professional recommendation is a natural look. 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 results. I realize that my body and my skin is unique and that Sasha Flanagan can not 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 Sasha Flanagan cannot predict how many visits it will take to complete my procedure.
11. _____ The fee for your cosmetic tattoo procedure has 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 initial procedure and that there will be separate fees for any touchups and follow-up work.

12. _____ Results will appear softer as the treated area heals. The areas treated will NOT look as crisp or as bold as the 1st procedure. All procedures require two appointments and color boost every 1 ½ to 2 years to keep the color fresh.
13. _____ I acknowledge and understand that if I have combination and/or severely oily skin the pigment will appear much softer and can look more solid due to overproduction of oil glands. The pigment will fade quicker and may require more frequent touchups (fees will apply).
14. _____ I understand that frequent tanning, sun exposure, and any activities involving water, like the sauna, will fade the pigment quicker. It is recommended to NOT have a tan or sunburn on your face at the time of your procedure.
15. _____ I understand that I will have the opportunity to approve the design and color of the semi-permanent makeup to be applied, and I accept responsibility for the same.
16. _____ At the first sign of infection or allergic reaction, I will consult a health care practitioner and report any diagnosed infection, allergic reaction, or adverse reaction to the Texas Department of State Health Services at 1-888-839-6676.
17. _____ I consent to any relevant photographs being taken both before and after the procedure, to document the results of the procedure strictly for the internal use of Sasha Flanagan.
18. _____ I consent to Sasha Flanagan using “before & after” photos of me for marketing purposes to display its capabilities and results. If I do provide consent, I may at any time withdraw such consent for specific photographs by contacting Sasha Flanagan, which will then discontinue use of said photo(s).
19. _____ This contract is to remain in effect for as long as I remain a client of Sasha Flanagan and all its contents apply whenever work is being performed on myself by Sasha Flanagan. It is my responsibility to inform Sasha and Flanagan if any changes have occurred in my medical history.

**I have read and understand the contents of each statement above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the aforementioned procedure(s). I further acknowledge that at the time of signing this consent I am of sound mind and capable of making independent decisions for myself.**

_____ _____

Name (Please print legibly) Date

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about cosmetic tattooing procedures, its process, and the risk involved. The decision to have cosmetic tattooing procedure(s) performed is my own and I understand and accept all the risk involved, therefore releasing Sasha Flanagan of any and all legal liability. Sasha Flanagan is an artist; a highly trained, experienced and skilled artist and makes no claim to be anything more. Permanent make up and/or cosmetic tattooing is not a medical procedure, but an art form, the art of tattooing. No refunds, no exceptions.

_____ _____

Client Signature Date

# AFTER CARE INSTRUCTIONS

**The day of the treatment: Absorb, Avoid Water**
After the procedure, gently blot the area with clean tissue or baby wipe to absorb excess lymph fluid. Do this every 30 minutes - 1 hour for the full day until the oozing has stopped. Removing this fluid prevents hardening of the lymphatic fluids. Apply, if needed, a rice grain amount of the aftercare ointment.

**Days 1-5 (Or Until Peeling/Scabbing Ends), Keep Moisturized, Not Greasy, and Avoid Water**
Apply aftercare ointment as needed. Avoid water, topical makeup, sun exposure.

**Days 6-30(After Peeling/Scabbing Ends) Wash and Moisturize**
Gently wash your eyebrows each morning and night with water and an unscented antibacterial soap like Dial Soap, Cetaphil, or Neutrogena. With a very light touch, use your fingertips to gently cleanse the eyebrows. Rub the area in a smooth motion for 10 seconds and rinse with water ensuring that all soap is rinsed away. To dry, gently pat with a clean tissue. DO NOT use any cleansing products containing acids (glycolic, lactic, or AHA), or exfoliants.

Apply a rice grain amount of aftercare ointment two times per day, with a cotton swab, NOT your fingertips, and spread it across the treated area. Be sure not to over-apply, as this will suffocate your skin and delay healing. The ointment should be barely noticeable on the skin. NEVER put the ointment on a wet or damp tattoo, this can cause infection.

**Important reminders to help with a smooth and easy recovery:**
- Use provided aftercare ointment or aquaphor
- Use a fresh pillowcase while you sleep (satin or silk)
- Avoid sleeping on your face for the first 10 days
- Let any scabbing or dry skin naturally exfoliate away. Picking can cause scarring or loss of color
- No facials, botox, chemical treatments or microdermabrasion for 4 weeks
- Avoid hot, sweaty exercise for one week
- Avoid direct sun exposure or tanning for 4 weeks after the procedure. Wear a hat when outdoors.
- Avoid long, hot showers for the first 10 days
- Avoid swimming, lakes, saunas, steam rooms, and hot tubs for the first 10 days
- Avoid topical makeup and sunscreen on the area while healing
- Avoid gardening and contact with animals for 2 weeks following the procedure to prevent infection
- Avoid eyebrow grooming for a minimum of 2 weeks

**Important note about showering:**
- Limit your showers to 5 minutes so that you do not create too much steam. Keep your face/procedure area out of the water while you wash your body, then, at the end of your shower, wash your hair facing away from the water. Avoid excessive rinsing and hot water on the treated area.

**Remember, DO NOT rub, pick, or scratch the treated area. With the proper aftercare routine, you will have much better results with your cosmetic tattooing procedure.**

I UNDERSTAND AND ACCEPT THAT FAILURE TO FOLLOW THE POST-PROCEDURE INSTRUCTIONS ABOVE MAY RESULT IN A LOSS OR DISCOLORATION OF PIGMENT RESULTING IN A NEED FOR MORE FREQUENT TOUCHUPS.

_____ _____
Client Signature Date