

Cosmetic Tattoo Consent Form

Full Name: _____ Date of Birth: _____

Emergency contact: (name and number) _____

Do you have any other tattoos (Face or body?) YES NO

Do you spray tan, use fake tan, or sunbathe outdoors? YES NO

Are you currently tanned on the area to be treated today? YES NO

Are you currently using any of the following?

Vitamin A (Retinol)

Glycolic Acid

AHA Products (the ones that sting)

N/A

Have you ever had a chemical peel? YES NO

Do you have a scar in the area we are tattooing today? YES NO

Do you have keloid or hypertrophic scars? YES NO

Do you bruise or bleed easily? YES NO

Do you have any dermatological disorders?
(Eczema, dermatitis, psoriasis) YES NO

MEDICAL HISTORY

Are you taking any medication prescribed by a doctor? YES NO

Are you taking any herbal remedies or vitamins? YES NO

Are you currently on any blood thinners or anticoagulants(aspirin)? YES NO

Do you have ibuprofen, coumadin, alcohol herm ophelis
or other clotting disorders? YES NO

Do you have mitral valve prolapses or implants? YES NO

Do you suffer from heart palpitations? YES NO

Do you smoke? YES NO

Do you suffer from high or low blood pressure?

Yes- high blood pressure

Yes- low blood pressure

No

Are you a diabetic? YES NO

Have you had a blood transfusion? YES NO

Are you pregnant or breastfeeding? YES NO

Do you suffer from seizures? YES NO

Do you have an autoimmune disorder? YES NO

Have you taken Accutane (Roaccutane) in the last 6 months? YES NO

Have you been HIV tested? YES NO

Do you have Hepatitis A, B or C? YES NO

Are you planning on having cosmetic surgery or other surgery soon? (Within 6 months' time) YES NO

Are you currently under a physician's care for any condition? YES NO

Your doctors Name and Clinic details: _____

ALLERGIES AND REACTIONS

Do you have any food allergies? Wheat, gluten diary, eggs, nuts seafood, caffeine? YES NO

Have you had an allergic reaction to any drugs? YES NO

Have you ever had an allergic reaction to lanolin, latex rubber, Novocain, lidocaine, PABA metals, other? YES NO

Do you have any allergies to topical make up or skin care? YES NO

Are you allergic to tints, dyes, or hair colour? YES NO

I present to Bianca Honey that I am over the age of 18 and desire the practitioner to perform the elective cosmetic procedure, understanding that this procedure is for cosmetic enhancement only.

I agree that the informed consent form remains in effect throughout the entire period I am Hello Honey Beauty Co's client for cosmetic tattooing.

I am aware that no guarantees have been made to me concerning the result of the procedure.

Signature: _____

I also understand that this cosmetic procedure carries possible complications and consequences if instructions at the time of the treatment and post procedure care are not followed. It is possible to experience risk of infection, scarring, eye damage, inconsistent colour, bruising and probable spreading and

fading of pigments. There is a chance of corneal abrasion, eye damage, hospitalisation from this treatment, and Bianca Honey/ Hello Honey Beauty Co will not be responsible for time off work, hospital, medical bills, or compensation from this. We do everything to prevent this from happening but there is a small chance that your eye may react, dry out and ulcers may occur.

I understand that the actual colour of the pigment may be modified slightly due to the tone and colour of my skin. I fully understand as with all such procedures that this is not a science but rather an art. I appreciate and accept the varying permanency of the procedure whether it is for some months, years or forever as well the possible complications and consequences of the said procedure.

Signature: _____

I acknowledge that I have been given and have availed myself to the opportunity to ask any questions relating to the treatment and that any questions which I have asked, were answered to my satisfaction. I am in good health and have none of the contraindications stated on the history form

I acknowledge the choice I have made to have cosmetic tattooing and that it is my choice only and agree to any action or conduct reasonably necessary to perform the procedure.

I acknowledge that I cannot donate blood/ plasma to the blood bank for the wait time they state as this procedure is classed as a tattoo.

For the purpose of documentation, I also consent to the taking of photographs before, during and after the procedure to document my treatment. These photos may or may not be used by the practitioner, Bianca Honey for whatever purpose deemed necessary. I state that I understand the cosmetic procedure, and the permanency of the procedure, and that the procedure is for cosmetic purpose only.

I hereby authorise Bianca Honey to perform the cosmetic Procedure.

Signature: _____

I agree that I have a duty to disclose to you every matter that I know of could reasonably be expected to know that is relevant to your decision whether to accept me as a client for the proposed cosmetic procedures.

I agree that the fee has been discussed for the said Cosmetic Tattooing Procedure and has been agreed upon. That since client approval is obtained prior to final selection of colour and design applications, a no refund policy is employed.

I also agree that the Cosmetic Tattooing procedure is a multi-session process, and this may incur additional fees.

I further agree that these Consent Forms are confidential and remain the sole property of Hello Honey.

Signature: _____

TOPICAL ANAESTHETIC INFORMED CONSENT

- I do not have any known allergy to local anaesthetic or PABA (sunscreen)
- I have no reason to know why I cannot receive topical anaesthetic to prevent or reduce discomfort during the procedure.
- I understand that there is a wide variation in effectiveness and duration of topically applied anaesthetics.

I hereby request the use of topical anaesthetic preparation, which may contain Lignocaine, Procaine and Tetracaine and understand that I may experience redness, swelling or itching with the use of topical anaesthetic.

- I also understand and agree that complications can and do occur during a Cosmetic Tattoo procedure and if required will follow the instruction of my practitioner to seek treatment.
- I accept the use of a topically applied anaesthetic at my own risk for the elective procedure.

Signature: _____