

Kenia Permanent Cosmetics

Client Information

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip Code

Day/Cell Phone () - _____ - _____ Home Phone () - _____ - _____

Email (required) _____ Okay to leave message/text Y or N

Procedure Fee \$ _____ Cash, or Credit Card (fee applies) No tips on cards

Informed Consent (Eyebrows)

The nature and method of the proposed Permanent Makeup (PMU) (tattoo) procedure has been explained to me as having the usual risks inherent in the procedure and the possibility of complications during and following its performance. I understand there may be a certain amount of discomfort or pain associated with the procedure and that other adverse side effects may include minor and temporary bleeding, bruising, redness or other discoloration and swelling. Fading or loss of pigment can may occur depending on your skin and lifestyle. Secondary infection in the area of the procedure may occur, however, if properly cared for, is rare.

I, _____, acknowledge by signing below, that I have been given the full opportunity to ask any and all questions which I might have about the obtaining of any permanent cosmetic procedures from Kenia Caputo. I also acknowledge that all of my questions have been answered to my full and total satisfaction. I specifically acknowledge that I have been advised of the fact and matters set below, and I agree as follows:

- 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 risk that such a reaction is possible. I have informed the practitioner of any existing conditions.
- I acknowledge that complications are always possible as a result of the permanent make-up procedure, particularly in the event that post-procedural instructions are not followed
- I REQUEST a patch test (requires rescheduling) I have declined a patch test
- All subsequent procedures including the first touch up are an additional fee.
- I realize that my body is unique and the practitioner or any of the practitioner's associates cannot predict how my skin may react as a result of the procedure.
- Red heads, blondes & fair skin (Fitz 1-2 skin types) will be red, swollen and pigment MAY not retain at all. Future appointments may not be performed. This is up to the discretion of the technician.
- 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. The healing process can take 3-30 days. Everyone heals differently.
- Most procedures require two (2) appointments and future refresher procedures every two (2) years.
- Refreshers are at an additional cost.
- I acknowledge & understand that if I have **combination/oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the over-production of oil glands. The pigment **WILL** fade quicker, look blurred or more solid. I accept these risks and would like to proceed.
- Frequent tanning and sun exposure **WILL** heal darker & 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.
- If you are in Menopause and suffer from hot flashes or your core temp runs hot, your pigment will/may fade, blur or not retain.

Frequent exercising/heavy perspiration WILL cause the pigments to fade, blur or not retain at all.

- **The younger you start to have PMU done, the younger you will be when it can no longer be performed due to scar tissue.**
- I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino etc.) the pigment will appear softer and blend more with your own skins melanin (tones) and will not appear as bold or defined as on lighter skin types and the hair strokes will be less visible.
- Alopecia clients- Due to the change in skin texture, pigments may **WILL** heal powdered. _____ **(Initial)**

- I acknowledge that the procedure will result in a permanent change to my appearance and that no representations have been made to me as to later change or remove the result.
- I understand that skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make-up. I further understand that such changes are not the fault of the practitioner and/or any of the practitioner's associates. I further understand that such changes in my appearance may not be correctable through further Permanent Make-up procedures.
- Thyroid Conditions & Medicines, WILL prevent the pigment from retaining, fade quickly, blur or change in color. I accept these potential risks & wish to proceed.
- **I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULTS OF THIS PROCEDURE AND THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK.**
- I accept full responsibility for determining the color, shape and position of the brows that will be applied. Once the shape is approved and the pigment is implanted in the skin, you will not be able to change it.
- I understand the actual color of the pigment may vary slightly due to the tone and color of my skin.
- **How your body heals the treated area is 100% out of the control of the technician. This is 100% your bodies job. Even when following the aftercare fading, blurring or poor retention can still happen depending on your skin type & lifestyle. This is NOT the fault of the technician.**
- **If you decide and approve a shape at the initial appt. and then later decide to change it at a touch up, it may not be possible. This is up to the discretion of the technician if it can be done.**
- **If you have had tattoo removal prior to seeing Kenia, due to scar tissue the pigment may not retain. Further procedures may not be an option and I understand there are NO REFUNDS and accept full responsibility and wish to proceed.**
- **If you choose to go with a darker color for your brows at your initial appt. and later decide that you want to go lighter (lighten hair) it will not be possible to lighten the color. Removal may be your only option.**
- **I understand that if any other technician applies permanent makeup over an area that was originally done by Kenia; she will no longer perform future treatments. NO EXCEPTIONS!**
- **In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics as some pulling or burning sensation (rare) may occur during the procedure.**
- **I understand that if I do not abide by the strict after care, I MAY ruin my results. The After Care is crucial for optimum pigment retention and results.**
- **Permanent Makeup is an ART, NOT a science. Client's results will vary from person to person and using a pencil or powder may or will still be needed. We have no control over your bodies healing process and each time a procedure is done, the pigment will have less retention due to scar tissue.**
- **Touch ups will not be done any sooner than the required time recommended by the technician.**
- I acknowledge that the obtaining of Permanent Make-up procedure(s) is my choice alone, and I consent to the application of the procedure and accept the risks.
- **Absolutely NO Refunds after services have been performed.**
- **I understand that at a certain point as the skin ages, PMU will no longer be performed.**
- **Are you pregnant, nursing or trying (IVF) to get pregnant? (Circle) YES or NO, I DON'T KNOW**
- For the purposes of education or assistance, I consent to the admittance of authorized observers to the procedure(s).
APPROVE _____ (initial) DECLINE _____ (initial)
- I have received a copy of the After Care Instructions. _____ (initial)

KENIA PERMANENT COSMETICS CAN RELEASE ME AT ANY TIME FROM ANY FUTURE SERVICES IF POLICIES OR PROCEDURES ARE NOT FOLLOWED _____ (initial)

I have read and fully understand the contents of each paragraph above. I acknowledge this is a legal & binding 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 to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Client Signature: _____ Date: _____

Kenia M. Caputo, LCE, CMS Date: _____

Kenia Permanent Cosmetics

Client Photograph Consent

Date: _____

Client Name (Printed): _____

I consent to the reproduction and use of my photo's without identifying client by name or marks, with the consent of the producing agent, Permanent Cosmetics By Kenia ONLY. Consent shall involve the use of my photos for any educational purposes, including instruction, display to professional organizations, websites, social media and advertising thereof.

This consent, as stated above, shall be a continuing consent for all procedures, past, present and future. Written notice must be received from the client asking to discontinue use. (60 days written notice required)

I give Kenia Caputo of Kenia Permanent Cosmetics permission to use my photo/s as marked below.

Full Face _____ Initials

Eyebrows/Eyes Only _____ Initials

Lips _____ Initials

Areola _____ Initials

Client's Signature: _____ Date _____

Instructor/Technician: _____ Date _____

Kenia Permanent Cosmetics

Name _____

Date _____

Occupation _____

Phone # _____

To avoid unforeseen complications, please answer the following questions:

Y N Are you over the age of 18? Legal guardian's initials: _____

Y N Have you had any aspirin or blood thinning products within the last 7 days?

Y N Any mood altering drugs within the last 8 hours? (i.e. Wellbutrin, Xanax, Prozac)

Y N Do you have any history of cold sores, herpes, or fever blisters?

Y N Are you sensitive to Latex?

Y N Have you had a chemical or laser peel?

Y N Do you have problems with healing?

Y N Previous problems with tattoos or has your physician advised you not to have a tattoo at this time?

Y N Are you currently undergoing radiation or chemotherapy?

Y N Are you currently taking any chemotherapy medications?

Y N Are you currently using Retin-A or "Alpha Hydroxy" skin care products? (If so, avoid use for 1 month following procedure)

Y N Do you wear contact lenses?

Y N Are you allergic to any metal? (e.g. Can only wear 14k gold) _____

Y N Have you ever had any permanent makeup procedures prior to this appt. with Kenia When? _____

Y N Medication, including immunosuppressive, such as anti-inflammatory or steroids?

Y N Withdrawal from caffeine products?

Y N Are you allergic to topical antibiotic numbing creams or desensitizers?

Y N Is there any history of skin diseases or remarkable skin sensitivities?

Y N **In the last year have you had a baby?**

Date of Birth: _____

Y N **Are you PREGNANT or NURSING?**

Y N Are you required to take antibiotics during dental or invasive medical procedures?

Y N Do you have any drug allergies? If yes, list in space provided at the end of the form.

Y N Are you currently taking medication for high or low blood pressure?

Y N **Did you work out today?**

How many times a week do you work out _____

Y N Have you consumed alcohol today?

Do you, or have you had, any of the following

Practitioner makes no attempt to, or claim to, practice medicine. Some individuals will have complications related to permanent makeup application. These complications are usually mild and last only a few days. However, extreme complications are always a possibility. If you are healthy and there are no visible reasons restricting you from receiving a tattoo, you must approve of the design and color before the application of your permanent makeup.

- | | |
|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> MRSA/STAFF |
| <input type="checkbox"/> Heart issue/Pace Maker | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Trichotillomania | <input type="checkbox"/> Eczema/Dermatitis |
| <input type="checkbox"/> Allergies to makeup | <input type="checkbox"/> Accutane treatment |
| <input type="checkbox"/> Organ Transplant Area: _____ | |
| <input type="checkbox"/> Hepatitis/Jaundice/HIV | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> Kidney Disease /Transplant | |
| <input type="checkbox"/> Liver Disease/Cirrhosis | |
| <input type="checkbox"/> Keloids | <input type="checkbox"/> Glaucoma <input type="checkbox"/> |
| Thyroid Issues/Meds <input type="checkbox"/> | <input type="checkbox"/> Body runs hot |
| <input type="checkbox"/> Diabetes (type I,II) | <input type="checkbox"/> Hyper-pigmentation |
| <input type="checkbox"/> Stroke/Paralysis | <input type="checkbox"/> Hypo-pigmentation |
| <input type="checkbox"/> Chest pains | <input type="checkbox"/> Herpes Simplex |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Refractive eye surgery |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Autoimmune disorders |
| <input type="checkbox"/> Epilepsy/seizures | <input type="checkbox"/> Shingles (on face) |
| <input type="checkbox"/> Smoker | <input type="checkbox"/> Eyelid surgery |
| <input type="checkbox"/> Cataract surgery | <input type="checkbox"/> Lasik surgery |
| <input type="checkbox"/> Tear duct plugs | <input type="checkbox"/> Ocular Herpes |
| <input type="checkbox"/> Planning on having Facial Plastic Surgery | |
| <input type="checkbox"/> Cancer (List below) | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Tan Regularly | <input type="checkbox"/> Take Vitamins |
| <input type="checkbox"/> Have had a Forehead/Brow Lift (Yr _____) | |
| <input type="checkbox"/> Head Injury/Trauma (hit the head, accidents) | |
| <input type="checkbox"/> Organ transplant | <input type="checkbox"/> Rosacea (on the face) |
| <input type="checkbox"/> Vitiligo | <input type="checkbox"/> Lash/Brow Serum |
| <input type="checkbox"/> Severely oily, Oily, Combination skin (circle) | |
| <input type="checkbox"/> Scar/s in area to be done? | |
| <input type="checkbox"/> Botox (date of last tx) _____ | |

Other Medical Conditions/Surgeries

Please explain any checked question, list any other medical conditions or allergies, and list all your medications:

Client's Signature

Date