

## PERSONAL INFORMATION AND CONSENT FORM

### PLEASE COMPLETE THE FOLLOWING

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Drivers License/ID \_\_\_\_\_

Who May We Thank For Referring You To Our Studio? \_\_\_\_\_

### Please Circle The Answer That Applies:

Yes/No Are you now or have you been under a physicians care within the last 2 years for a specific medical issue?

Yes/No Do you take medications? If so what? \_\_\_\_\_

Yes/No Do you use **or** have used Latisse or ANY eyelash growth serums? If yes, please state the last time was used? \_\_\_\_\_

How long have you been off your product? \_\_\_\_\_

Yes/No Is your skin sensitive to make-up?

Yes/No Do you have any allergies such as food, pollen, jewelry, latex gloves, medicine? \_\_\_\_\_

Yes/No Are you sensitive to any drugs such as penicillin, aspirin, etc.?

Yes/No Do you bleed excessively after a cut, wound or surgery?

Yes/No Are you subject to dizziness, fainting, or nervous disorders?

Yes/No Have you ever had any breathing difficulty such as asthma, emphysema, chronic cough, pneumonia, TB, or lung disorders?

Yes/No Are you pregnant or breastfeeding?

Yes/No Do you wear contact lenses? Are you currently wearing them? \_\_\_\_\_

Yes/No Have you ever been tattooed before? \_\_\_\_\_

Do you get infections easily?

### Reason for visiting studio and procedure (s): Please Circle

Eyeliner

Areola restoration

Coolift

Eye "shade"

Scar Reduction/Camouflage

Celluma Facial

Eyebrows

Full Lip Color

Laser Lipo

Lipliner

Dermal Needling/Dermal Rolling

Other \_\_\_\_\_

Skin Health products

Scalp Micropigmentation

You Are Youthful  
Youareyouthful.com  
425.442.2111

**Please check if you have/had any of the following:**

Heart Problems	Hepatitis or Liver Disease
Kidney Disease	High or Low Blood Pressure
Radiation/Chemotherapy	Arthritis
Rheumatic Fever	Skin Disorders
Diabetes	HIV or AIDS
Anemia	Herpes
Mouth ulcers or Cold sores	Tuberculosis
Headaches or Migraines	Stroke
Epilepsy	Alopecia
Autoimmune Disorder	Trichotillomania
Refractive Eye Surgery	Dry Eyes
Hyper-pigmentation	Glaucoma
Hypo-pigmentation	Keloid Formation

**Comments:**

---

**Which of the following best describes your skin type? (Please circle one)**

Always burns, never tans	Always burns, sometimes tans
Sometimes burns, always tans	Rarely burns, always tans
Brown, moderately pigmented skin	Black skin

**Please Initial One:**

\_\_\_\_\_ I hereby authorize Amanda Merkatz, Instructor, associate and/or students to take photographs of the work performed, both before and after treatment. I further authorize the use of my photos to be included within the portfolio and within the studio for purposes of education and advertising.

\_\_\_\_\_ I hereby authorize Amanda Merkatz, or employee to take photographs of the work performed, both before and after treatment to be maintained only in my chart/file.

Signed:

Date: \_\_\_\_\_

You Are Youthful  
Youareyouthful.com  
425.442.2111

You Are Youthful  
Youareyouthful.com  
425.442.2111

### Permanent Cosmetics Section:

The procedure to be performed is intradermal pigmentation-implanting micro insertions of pigment into the dermal layer of the skin. Micro pigment implantation is a form of tattooing used for the purpose of permanent cosmetics and skin imperfections. I acknowledge by signing this consent form 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 given by Vicki Hansen or associate. I agree that all of my questions have been answered to my full satisfaction.

I understand that this discussion and information of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I can give or withhold my consent to the procedure.  
\_\_\_\_\_ (Initial)

I am in good health and not under the care of a physician. \_\_\_\_\_ (Initial)

**OR**

I am under the care of a physician. \_\_\_\_\_ (Initial)

**I have been told that there may be risk and hazards related to the performance of the procedure planned for me. The risks associated with permanent cosmetic are as follows:**

- Touch up procedure (s) may be required.
- Clients must wait 6-8 weeks before a touch up procedure can be done.
- There is the possibility of discomfort or pain.
- The permanence of markings
- Risk of infection
- The possibility of allergic reaction to the pigments or other materials used..
- If you appear to be under the influence of alcohol or drugs, no procedure will be performed. NO EXCEPTIONS.
- Pigments can and will fade.
- Pigments will heal a different color than what they appear when applied.
- Pigments may migrate.
- There will be slight swelling and redness following the procedure.
- Clients receiving eyeliner may suffer a corneal abrasion.
- Clients receiving lip permanent cosmetics who have had previous problems with cold sores/fever blisters may have an outbreak.
- Lips will appear crusty for one week following the procedure
- Camouflage procedures will need to be tested for a skin tone color matching.
- There are few effective methods for pigment removal
- Complications are always possible, especially if after care directions are not followed.
- Red heads, blondes & fair skin will be red and swollen and pigment may not retain at all.
- If you have combination/oily skin the pigment WILL heal much softer and can look more solid due to the over production of oil glands. The pigment will fade quicker, look blurred or more solid.

You Are Youthful  
Youareyouthful.com  
425.442.2111

- Frequent tanning and sun exposure will cause darker healing and fade the pigment quicker. It is recommended to NOT have a tan/burn 30 days before or after procedure.
- Frequent exercising will cause 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.
- Alopecia clients-Due to the change in skin texture, pigments will heal powdered.
- Skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent make up.
- Thyroid Conditions & medications can prevent the pigment from retaining, fade quickly, blur or change in color.

Client Initials: \_\_\_\_\_

You Are Youthful  
Youareyouthful.com  
425.442.2111

- How your body heals the treated area is 100% out of the control of the technician or artist. This is 100% your body's job.
- If you decided and approve a shape at the initial appointment and then later decide to change it, it may not be possible.
- If you have had tattoo removal prior to your procedure, due to scar tissue, the pigment may not retain.
- In the event of an MRI or CAT scan, please inform your technician of your Permanent cosmetic.
- I understand if any other technician/artist applies permanent make up on an area that was originally done here, we will no longer perform future permanent cosmetics on that area.
- 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.

Absolutely no refunds.

I am aware of all touch-up charges and that I may need more than the initial and perfecting appointment.

All transactions have a 3.5% fee but if you choose cash or check, you can receive a discount of 3.5%

I have received a copy of applicable written care instructions, have read and understand such written care instructions.

I have read and fully understand the contents of each paragraph. I acknowledge this is a legal and 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, I am of sound mind and capable of making independent decisions for myself.

Client Signature:

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Technician/ Artist : \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

To Be Completed By the Studio Artist/Technician:

Client Name: \_\_\_\_\_

Client Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Type of Valid ID Provided: \_\_\_\_\_

Procedure(s): \_\_\_\_\_

Brand & Colors: \_\_\_\_\_

Lot & expiration date: \_\_\_\_\_

Machine & needle (s): \_\_\_\_\_

You Are Youthful  
Youareyouthful.com  
425.442.2111

Artist initials: \_\_\_\_\_