

CLIENT HISTORY

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Home Phone: _____ Business Phone: _____

Cell Phone: _____ May we contact you at these numbers? _____

Email Address: _____ Other ID: _____

Referred by: _____

Emergency Contact: _____ Phone Number: _____

PROCEDURE(S) DESIRED: Check all of the following that apply.

- Upper eyeliner Partial eyebrows Lip liner Beauty mark
 Lower eyeliner Full eyebrows Full lip color Scar Camouflage
 Other: _____

ALLERGIES: Check if you have ever had an allergic reaction to any of the following and described what happened below.

- Latex rubber Tattoo ink/pigment Novovaine, Lidocaine Benzocaine, Tetracaine
 Lanolin Bacitracin Ointment Neomycin or polymyxin B ointment
 PABA Metal(s)
 Foods: _____

Other allergies: _____

Reaction: _____

EYES/EYEBROWS: Check all of the following that apply.

- Contact lenses Dry eyes Eye makeup sensitivities Blurred Vision
 Glaucoma Lasik /eye surgery Thyroid abnormalities Alopecia Areata (local)
 Alopecia Universalis (total) Pull out lashes/eyebrow compulsively (Trichotillomania)
 Other hair loss (describe): _____
 Eyebrow/Lash tinting Botox
Date of last service: _____ Date of last service: _____

Other eye disorders: _____

LIPS: Check all of the following that apply.

- Cold sores/fever blisters/herpes. If yes, an antiviral prescription is required prior to any lip procedure.
 Lip injections - Type: _____ Date: _____
 Other lip augmentation - Type: _____ Date: _____

Teeth bleaching - Date: _____

SKIN: Check all of the following that apply.

- Any other tattoos - Location: _____
- Age of tattoo: _____ Any problems: _____
- Use of sunlamp/tanning bed/suntan outdoors Currently tanned in the area being treated.
- Currently use Retin A - Location: _____ Currently using glycolic acid, AHA or Retinol?
- Injectables such as Restylane, Juvederm or other fillers? _____
- Ever had a chemical peel? When: _____ Type of peel: _____
- Do you have a scar you want camouflaged? Age of Scar: _____
- Any keloid or hypertrophic scars? - Location: _____
- Do you bruise or bleed easily? Do you have healing problems?
- Other active skin disorders? Describe: _____
- _____

GENERAL MEDICAL: Check all of the following that apply.

- Diabetes Heart Palpitations
- High blood pressure Mitral valve prolapse or valve implants
- Pregnant or nursing Hemophilia or other clotting disorders
- Taken Accutane within the last 6 months
- Currently on blood thinners or anticoagulants such as Coumadin, aspirin, ibuprofen, alcohol? _____
- Autoimmune disorders - describe: _____
- Do you have a condition such as Hepatitis, HIV or undergoing treatment such as chemotherapy that could affect healing?
- _____
- Seizures - describe: _____
- Current use of controlled substances - describe: _____

Please list any surgeries: _____

If you are planning cosmetic or other surgeries/procedures in the near future, describe: _____

List all medications, prescription and non-prescription that you have taken in the last two weeks: _____

If you are currently under a physician's care for any condition, describe: _____

Physician's Name: _____ City: _____ Phone: _____

This history has been reviewed by the technician and my questions have been satisfactorily answered. I have also received and reviewed a copy of the Pre-Procedure Information Sheet and the After Care Sheet. I understand them and agree to follow them.

Signature: _____ Date: _____

Disclosure and Consent for Cosmetic Tattoo and Dermal Procedures

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 Crystal Harmon and/or associates. 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 agree as follows:

- I have informed Crystal Harmon of any and all health problems: _____ **(initial)**
- I acknowledge that it is not reasonably possible to determine whether or not I might have an allergic reaction to any pigment, dyes, topical preparations, or process 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 problems: _____ **(initial)**
- I acknowledge that complications & infection are always possible as a result of the permanent makeup procedure, particularly in the event that post-procedural instructions are not followed & I have received a copy of the After Care Instructions: _____ **(initial)**
- I would like a patch test to be performed and will have my physician determine if there I have any allergies to be concerned with: _____ **(initial)** OR I Decline a patch test _____ **(initial)**
- One follow up visit is included in the initial cost of the procedure. This follow up visit must be completed within 6 week of the initial procedure. **If I fail to complete the follow up visit within the first 6 weeks of the procedure, I acknowledge that I forfeit my complimentary follow up.** I further acknowledge there will be a follow up fee of \$100 (\$175 for lips) from that 6 weeks post initial procedure date up until the 1 year date. After the 1 full year of the initial procedure date, additional maintenance fees will apply: _____ **(initial)**
- 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: _____ **(initial)**
- Red Heads, blondes & fair skin (Fitz 1-2) will be red, swollen and pigment MAY NOT take. Additional procedures may be required to obtain desired results: _____ **(initial)**
- Hair stroke eyebrows over time and aging WILL become more solid and powered looking: _____ **(initial)**
- **Eyeliner procedures only.** I acknowledge that there is a very slim chance of a corneal abrasion: _____ **(initial)**
- **Applies to Lip procedures only.** I acknowledge that the herpes Zoster1 Virus (fever blisters & cold sores) may manifest with lip procedures due to trauma to the lip tissue. The anticipation of a Herpes Zoster 1 Virus breakout may be and is advised to be pre-treated with an anti-viral medication, which are available by prescriptions only from your doctor. **This is your responsibility. Although you medicate properly as advised with anti-viral, this does not guarantee you will not have an outbreak:** _____ **(initial)**
- I acknowledge the treated areas will appear thicker and bolder immediately after the procedure. Results WILL appear softer as the treated area heals. The area(s) WILL NOT look as crisp or as bold as the 1st procedure. All procedures require 2 appointments & color boosts to keep them looking fresh. I acknowledge that each procedure; Eyeliner, solid brows, powdered brows, 3-D hair stroke brows and lips fade differently. I further understand there is no way to determine how quickly they will fade: _____ **(initial)**
- I acknowledge & understand that if I have severely oily skin the pigment will appear much softer and may change the appearance to an eyebrow procedure due to over-productive oil glands. The pigment will fade quicker & may require more frequent touch-ups (fees apply): _____ **(initial)**
- Frequent tanning and sun exposure WILL fade the pigment quicker. It is recommended to NOT have a tan/burn on your face at the time of your procedure(s): _____ **(initial)**

- I acknowledge & understand that pigment implanted on darker skin types (i.e. Indian, African American, Filipino & there like will appear softer and blend more with your own skins melanin and will not appear as bold or crisp as on lighter skin types:_____ (initial)
- Alopecia clients – Due to the change in skin texture, may require more frequent touchups & in some cases, the pigment will not retain:_____ (initial)
- I acknowledge that the procedure will result in a permanent change to my skin appearance and that no representations have been made to me as to later change or remove the result:_____ (initial)
- I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and/or injections may alter and degrade my permanent makeup. 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 makeup procedures:_____ (initial)
- I accept responsibility for determining the color, shape, and position of the pigments that will be applied. I understand the actual color of the pigment may be modified slightly due to the tone and color of my skin:_____ (initial)
- I acknowledge that the obtaining of permanent makeup procedure(s) is by my choice alone, and I consent to the application of the procedure and to its attendant risks, and to any actions or conduct of the practitioner and/or any of the practitioner’s associates reasonably necessary to perform the procedure(s):_____ (initial)
- If you have had any tattoo removal prior to seeing Crystal, due to scar tissue and skin healing, you may require multiple appointments and/or the pigment may not retain:_____ (initial)
- In the event of a CAT or MRI scan, please inform your physician of your Iron Oxide Permanent Cosmetics, as some tingling or warming sensation may occur during the procedure:_____ (initial)
- I understand that if I do not abide by the strict after care, I can ruin my results. The After Care is crucial for optimum pigment retention:_____ (initial)
- I have read over and received a copy of my After Care:_____ (initial)
- I understand that with age and time, that pigment may no longer retain in your skin:_____ (initial)
- Due to the fact that your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have all questions answered, Crystal Harmon employs a NO REFUND policy:_____ (initial)
- I authorize Crystal Harmon to obtain pre-procedural and post-procedure pictures of the procedure area (not the whole face), and give her permission to use such pictures for publication and marketing purposes, as she chooses:_____ (initial)
- This contract is to remain in effect for as long as I remain a client of Crystal Harmon, and all its contents apply whenever work is being performed on myself by Crystal Harmon. It is my responsibility to inform Crystal Harmon if any changes may have occurred in my medical history:_____ (initial)
- Crystal Harmon has the right to refuse service to anyone at any time for any reason:_____ (initial)
- **I UNDERSTAND THAT COSMETIC TATTOOING IS AN ART AND NOT A SCIENCE, AND I ACKNOWLEDGE THAT NO GUARANTEES HAVE BEEN MADE TO ME CONCERNING THE RESULT OF THIS PROCEDURE. SOME SKIN TYPES WILL NOT ACCEPT OR HEAL PIGMENT IN A CONSISTANT MANNER...THE HEALTH OF YOUR SKIN AND HOW WELL YOU TAKE CARE OF THE TREATED AREA(S) WILL DETERMINE YOUR**

RESULT. FURTHER MORE I ACKNOWLEDGE THAT THE PROFESSIONAL RECOMMENDATION IS A NATURAL LOOK:_____ (initial)

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

Signature _____

Phone _____

Date ____/____/____

Permanent Makeup APPOINTMENT POLICY

Dear Client,

Your time is very important to me and I appreciate that you equally respect mine. Below is our appointment policy.

1. There is a \$50 cost for an in person consult, that is prior to your procedure day. **A 24 hour notice is required** to reschedule a consultation appointment. If you fail to cancel/reschedule this appointment within this time frame, a \$50.00 prepaid cost is required to schedule another consultation. The \$50 deposit will be applied toward any procedure of choice. If you fail to cancel within 24 hours prior to your consultation or **DO NOT** show up to that consultation, the \$50.00 deposit is non-refundable, and will not be applied toward your procedure. It will be forfeited to Crystal for wasting that time slot.
2. Please do not bring children to appointment(s). This is a Safety/Health issue. No procedure will be performed when a child is present. If you show up with a child and I have to reschedule you and waste that appointment time slot you were scheduled for, you will be charge 50% of the cost of your procedure.
3. After the consultation by phone or in person, you will be given the cost of the procedure you are scheduled for. You will also be given a copy of these appointment policies. It is your responsibility to read the paperwork in its entirety. All policies will be in effect immediately. Clients are never pressured to schedule a procedure. In fact, all procedures should be carefully considered before scheduling them.
4. To reserve an appointment for a procedure, a credit card # will be required to hold the appointment time slot. There will not be any charges billed to that card until the day of your procedure **OR** you do not give Crystal a minimum of 24 hours notice of cancellation. **If you fail to NOT show up to your scheduled appointment, your card will be charge 50% of the cost of the procedure.** To re-book your appointment after a NO SHOW, you will have to pre-pay your appointment in FULL at the time of scheduling your appointment.
5. Pregnant or nursing women or anyone under the age of 18 will **not** be considered for tattooing. Please advise me now if any of these apply.
6. The first visit of the *procedure* is the **Saturation** visit. The following visit is known as the **“Focus or Fine Tune”** visit. As the names imply, the Saturation visit accomplishes the basic design and color saturation, and the Focus visit addresses perfection by focusing on balance, symmetry and detail of the healed result. There is no charge for the focus visit, **if performed within 60 days of the initial visit.** Fees **will** apply if it goes beyond 60 days after initial procedure.
7. A cancellation/rescheduling of a Focus visit is required **24 hours in advance.** If you fail to cancel within 24 hours or not show up to your scheduled focus visit, the complimentary Focus visit is forfeited and a charge of **\$75.00** per focus visit will be required.
8. A “Color Boost” appointments will be charged as follows: From the date of the focus visit to the 12 month mark the color boost will be \$150 per procedure. From 13 month to 18 months it will be \$175 per procedure. And from 18 months to 24 months it will be \$200 per procedure. Staying on top of your “color boosts” will keep from having to start over completely & having to pay for the procedure in full. **The length of time one waits in between touch-up visits will determine all fees.**
9. All color fades and your cosmetic tattoo will require maintenance. The amount of fading depends on several variables including medications you are on and topical treatments, but is primarily due to sun (ultra-violet) exposure; therefore measures should be taken to protect your permanent cosmetics from the sun, tanning beds etc..

I, the undersigned, received these appointment policies both verbally and in written form and I agree to comply with them. My signature is my consent to charge the aforementioned \$_____ non refundable deposit against my credit card should I decide to reserve an appointment by phone.

Name: _____ Signature: _____ Date: _____

PRE-PROCEDURE INFORMATION

All permanent cosmetic procedures will require 2 or more procedures and maintenance touch-ups. Be prepared for the color intensity of your procedure to be significantly sharper, brighter, or darker than what is expected for the final outcome. It will take time for this transition, based upon how quickly the outer layer of your skin exfoliates.

Since delicate skin or sensitive areas may swell slightly or redden, some clients feel it best not to make any social plans for a day or two following any procedure. It is always best to avoid these procedures within a month prior to important life event. Procedures may take longer than expected to be complete.

1. Any type of oil supplements i.e. fish oil, flaxseed oil etc. should be stopped for a minimum of 4 weeks prior to your procedure. If this a Dr. prescribed, please consult with your Dr. that it is okay for you to be off for this amount of time.
2. Wear your normal makeup so Crystal can see how you normally apply it, the day of the procedure.
3. Any tweezing or waxing should be done at least 48 hours prior to the procedure; electrolysis no less than 7 days before. Do not resume any method of hair removal for a minimum of two weeks.
4. If using any type of lash or brow growth serum, (such a latiesse) should be stopped a minimum of 4 weeks prior to your procedure appointment with Crystal. **THIS IS A MUST!**
5. Eyeliner clients who have watery eyes from allergies or any other reason, Crystal would recommend to take an antihistamine the day before and the day of the procedure to help prevent excessive watering during and after procedure. Excessive watering will have an effect on how well the client will retain pigment.
6. If you are scheduled for an eyeliner procedure and you are wearing eyelash extensions, they'll need to be removed a minimum of 24 hours prior to your eyeliner procedure.
7. Any eyelash or eyebrow tinting or eyelash curling should be done no sooner than 48 hours before, or two weeks after the procedure.
8. Do **NOT** wear contact lenses during or immediately following the eyeliner procedure. Remember to bring your glasses. You may resume wearing your contact lenses as soon as your eyes return to their pre-tattooed condition.
9. Following the eyeliner procedures, as a safety precaution, we recommend that you have someone available to accompany you or drive you home.
10. If you are having lip procedures and have any history of cold sores/fever blisters/herpes simplex, you will be required to contact your physician to obtain the proper prescription to prevent such outbreaks a minimum of 1 week prior to your lip procedure.
11. **Refrain from the use of alcohol, salt/sodium, aspirin, aspirin-containing medications, ibuprofen, fish oil or other blood-thinning medications for 3-7 days prior to your procedure.** These things listed above will make you bleed more during the procedure, therefore may result in poor pigment

implanation and a more sever scab. ***No doctor prescribed medication should ever be discontinued without first consulting your physician.***

12. Refrain from judgment-altering drugs for at least 24 hours prior to any procedure.

AFTER CARE INSTRUCTIONS

Proper care following your procedure is important and required to achieve optimum results. After your procedure you WILL be swollen. Some client swell minimally and some will swell more. Everyone heals differently. This can cause the area(s) to appear un-even, red, itchy and irritated while healing. The area will also appear much darker and thicker than the final result. It's not uncommon for the procedure area to shrink anywhere from 10%-40%. This typically happens with 3-30 days of the first procedure. **There WILL be some shedding and/or peeling or scabbing of the skin with some remnants of the color in it as the treated area heals.** DO NOT PICK! Some areas of the procedure may fade more than others and as the pigment oxidizes it will start to darken up again over 2-4 weeks. This is 100% normal and expected After the follow up visit, the body is used to the pigment and will retain much better and won't fade as much as the initial procedure. **All permanent makeup require 2 or more procedures and maintenance "color boosts" to keep the procedure looking its best.** Your skin type and lifestyle will play a major roll on the final result.

1. Keep your all eyebrow and eyeliner procedures area **DRY** during the healing process (14 days).
2. During healing process DO NOT expose your new procedure to chemicals, hot tubs, saunas, direct shower spray, hot water, salt water, steam, chlorinated pools, lakes or ponds.
3. **NO EXCERCISING FOR A 10 DAYS! NO EXCEPTION!!! DO NOT DO ANY ACTIVITY THAT CAUSES SWEAT IN THE AREA OF THE PROCEDURE OR YOUR FACE TO HEAT UP AND TURN RED.**
4. **ABSOLUTELY NO SUN EXPOSURE or TANNING/TANNING BEDS** during healing. Direct sun or sunbeds should be avoided indefinitely... both are counter-productive to the cosmetic procedure.
5. Absolutely **NO** pet grooming, gardening, dusting or anything that causes dust, dirt and dander for a minimum of 72 hours. Waiting 5 full days is best.
6. NO Water activities, NO horseback riding, NO camping or riding ATIV's
7. Ointment: Only apply ointment or Grapeseed oil that Crystal has provided you or recommended you get. Some itching is normal. DO NOT PICK, PEEL, OR SCRATCH the treated area or your color may heal unevenly and you risk scarring and infection.
8. No topical makeup on healing procedure(s) for a minimum of 5 days. You may apply makeup around the new procedure but avoid on healing areas. Topical makeup is bacterial and your new procedure(s) need adequate time to heal to avoid irritation and/or infection. After any eyeliner procedure, No mascara for 7 days post procedure. And after that 7 days, make sure you get a **new tube** of mascara. Do NOT use an eyelash curler for two weeks.
9. After a lip procedure, keep your lips moist at all times. Drink through a straw for at least 3 days, avoid salty, spicy, oily foods or heat. If using herpes medication, continue as prescribed. Do not use teeth bleaching toothpastes or bleaching products until fully healed.
10. No contact lenses for 5 full day for eyeliner clients.
11. No facials, chemical peels or facial treatments for 2 weeks
12. Lastly... relax! Don't worry about a thing. It's just a tattoo that will lighten, soften and heal in a matter of days. Do exactly as I have advised you to do OR what not to do and all heals well. Complications are extremely rare.

LONG-TERM CARE

1. Use a good sunscreen daily - even the lips require protection. Sun exposure will fade your permanent cosmetics and may cause irritation even years later.
2. If you are planning chemical exfoliation, MRI, or other medical procedure, please inform your physician of your cosmetic tattoo.
3. If you donate blood, it is a Red Cross policy that you must wait one year after any tattooing procedure in unregulated states – check if restrictions apply to you.

Approximate Healing Schedule for Permanent Cosmetics

Eye Brows

Day: What to Expect:

- 1-3 What you see is about 15-20% darker, bolder and more solid than what your healed result will present. Under the pigment, the skin is red and pigment has been deposited into the layer of skin containing dead skin cells; combined giving the appearance of darker color. There may be minimal swelling but because typically the eyebrow area does not retain much fluid, swelling will be limited. The top layers of skin will begin to shed on about day 3-5, and you will see a loss of color. This is normal, and the pigment that was deposited superficially will come off with the skin it is embedded within. **DO NOT PICK OR SCRATCH IT!** Let it peel on its own. You can pull the pigment completely out!
- 4-7 Your eyebrows may begin to itch and the pigment may appear somewhat raised. Don't scratch or pick them. The skin is now in the throes of rapid exfoliation and if left alone, will shed evenly. The color under the exfoliating skin will continue to appear light until the epidermis takes on its more transparent characteristics.

Eye Liner

Day: What to Expect:

- 1-2 Eyes may vary from slightly puffy to swollen, tender, heavy lids, light sensitive and possibly bloodshot. Eyeliner may appear thicker and darker than what it will look healed. You may have some bruising. You may look as though you've been crying or have allergies. It's advisable to sleep in an elevated position to help reduce swelling at night. The morning of day 2 the swelling will be at its peak. You can use cold packs wrapped in a clean paper towel (each time, get a new paper towel) 10 minutes on and 10 min off. Do a few times each day for the first 48 hours.
- 3-4 Less swelling. The eye tissue still feels tight and tender. The peeling begins. The feeling of tightness and itching is normal. Put on grape seed oil if absolutely necessary.
- 5-7 Dark outer color continues to flake off and you'll see a softer, thinner eyeliner. Color may look grayish or ashy until color clarifies. You can go back to wearing contacts after day 5.
- Note:** Wait 8 weeks before applying eyelash extensions, as well as using Latisse or other like products. Latisse and other like products have been documented to lighten the tattoo color on some occasions

Lips

Day: What to Expect:

- 1-2 Swelling, tender, heavy thick and bright lipstick appearance. You may experience discomfort in the lips. **Keep moist at all times!**
- 3 Less swollen, still vibrant and might still feel hot. Thick texture... Crusty. Peeling may begin on this day.
- 4 Skin begins to peel. Do not pick or peel. Lip color under peeling skin will appear very light in color.
- 5 Lips will appear and feel very chapped and dry. Peeling should be almost finished (peeling could occur 2 times during healing process)
- 6 You will begin to see a softer version of the lip color appear.
- 7 Color may seem to disappear and almost become 'frosty' in appearance. This is the second chapping process. They may appear to be whitish in color. This may continue until about day 13
- 14 Color begins to 'bloom' little by little each day. Keep well moisturized.
- 21-28 Healing is complete. The color you see is the color you will retain. Lips may feel dry for up to 2 months. Use good lip balm (**Aquaphor**) and sunscreen. Keep moisturized.

NOTE: The outcome of permanent cosmetic procedures is dictated by its canvas. The better condition your skin is in, the better the final result will be. Dry, sun damaged skin and lips are very difficult to achieve a beautiful even result. Mature clients may need an additional one to two weeks healing for the final results to appear.

The better you take care of your skin and protect it from UV rays, the better the outcome and lifespan of the permanent cosmetic procedures.