



Pretty In Ink, LLC  
 118 Lamar Blvd, Suite #30  
 Hattiesburg, MS 39402  
 (601) 402-0067  
[www.prettyininkhattiesburg.com](http://www.prettyininkhattiesburg.com)

## YOUR MEDICAL HISTORY

**Cosmetic Invasive procedures require a thorough medical history. Place a check (x) next to any boxes that apply to**

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

Age: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Telephone: (h) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cellular) \_\_\_\_\_

**Emergency Contact** name and telephone number. Please write below:

\_\_\_\_\_

\_\_\_\_\_

**Doctor's name and Telephone:**

\_\_\_\_\_

\_\_\_\_\_

Marital Status: Check one

Single  Married

If married, does your spouse know you are having permanent cosmetics?

Do you heal normally?

Yes  No

Previous Tattoos?

Yes  No

Have you ever had permanent cosmetics?

Yes  No

Where: \_\_\_\_\_

How long ago: \_\_\_\_\_

Scars:

\_\_\_\_\_

**Are you under a doctor's care?**

Yes (Explain below)

No

\_\_\_\_\_

\_\_\_\_\_

Have you taken any medication today?

Have you had LASIK eye surgery?

Have you been hospitalized recently?

Do you bruise easily?

**Eyes**

Dry Eyes

Contact Lenses

Glasses

Corneal Abrasion

Eye drops or Ocular medications

Blepharoplasty (eyelid surgery)

Eye Surgery

Glaucoma

Cataracts

Visual Disturbances

Allergy to Eye Makeup

Light Sensitivity

Eye Infections

Blepharitis (eyelids)

Ocular Herpes

Tear Duct Plugs

**Skin**

Skin Cancer

Moles  Rosacea

Psoriasis

Acne  Vitiligo

Retin A or Accutane

Chemical Peels

Allergies to Makeup

Plastic Surgery

Prior Body Tattoo(s)

Prior Cosmetic Tattoos

Sensitive Skin

Collagen Injections

Laser Treatments

Cosmetic Surgery

Hyperpigmentation



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**Lips**

Fever blisters? If yes, how often? \_\_\_\_\_

Does it take more than one shot to get you numb at the dentist office?

Do you take any antibiotics when you go to the dentist?

Dry, flaky or white areas?

Do you smoke cigarettes?

Other: Please Describe  
 \_\_\_\_\_

**Allergies**

None that I know of.

Local Anesthetics  
 Please list:  
 \_\_\_\_\_

- Penicillin/Sulfa
- Nickel
- Hair Coloring
- Codeine or Demerol
- Bee Sting or Insect Bite
- Makeup: Mascara, etc.
- Sunscreens with PABA
- Other: (Please write below) \_\_\_\_\_  
 \_\_\_\_\_

**Medication**

- None
- Vitamins/herbs
- Chemotherapy or Radiation treatment
- Aspirin
- Benadryl or Allegra
- Ibuprofen (Advil, Aleve)
- Accutane or Retin A
- Hormones
- High Blood Pressure
- Heart Pills
- Water Pills
- Pain Pills
- Tranquilizers

- Anti-Depressants
- Blood Thinners
- Insulin (Diabetes)
- Fever Blister medication

**General Health**

Circle One:

- Good     OK     Poor
- Alopecia (hair loss)
- Asthma
- Anemia
- Arthritis
- Cancer
- Lupus
- Hepatitis or HIV
- Seizures or Dizziness
- Depression
- Headaches
- Mitral Valve Prolapse
- Neck/ Back pain
- High Blood Pressure
- Sugar Diabetes
- Heart problems/ pain
- Eye Problems
- Liver or Kidney Problems

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **CONSENT FORM FOR AREOLA REPIGMENTATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

MEDICAL PHYSICIAN: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

PLASTIC SURGEON: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

IN CASE OF EMERGENCY, WHO SHOULD WE NOTIFY:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

### **RELEASE**

I accept the responsibility for determining the color, shape, and position of the Areola/Nipple. INITIAL: \_\_\_\_\_

I have read and understand the After-Care Instructions provided to me.  
INITIAL: \_\_\_\_\_

I understand that the first application can fade, up to 70% because of scar tissue and a touch up can be done in 8 weeks. INITIAL: \_\_\_\_\_

I understand that the color will lighten in 5 days and not to pick any scabs and that pigment can stain clothing and/or sheets. INITIAL: \_\_\_\_\_



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## WAIVER AGREEMENT

The undersigned acknowledgement, that Brenda Cafolla has explained the nature of the treatment procedures including the risks and dangers inherent therein. I hereby consent to Brenda Cafolla performing permanent cosmetic tattooing procedures to the Areola/Nipple area on me and in consideration of her doing so, I hereby release and forever discharge Pretty In Ink, LLC and it's employee both personally and under the business name of Pretty In Ink, LLC from all claims, demands, actions and causes of actions arising out of said treatment procedures which I, my heirs, executors, administrators, or assigns may have stemming from my decision to have Areola/Nipple Cosmetic Tattooing procedures performed by Brenda Cafolla and Pretty In Ink, LLC.

I agree that this waiver also pertains to and is designed to protect any and all establishments where Brenda Cafolla does business.

I acknowledge that I have been given a copy of the following documents:

- Areola after care instructions. INITIAL: \_\_\_\_\_

**If you show any signs of infection, please see your primary care physician.**

Client Signature: \_\_\_\_\_

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

Technician Signature: \_\_\_\_\_

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



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## AREOLA AFTERCARE

Keep area away from water for 24 hours. A heavy coat of Calendula Salve prior to showering (facing your back to the shower spout), is suggested as well. Go braless and wear a loose top as often as possible during the first week following the procedure. Keep moist with Calendula Salve for 5-7 days, use sterile bandages and dressings when necessary. Only use the Calendula Salve on the treated area for the following 10 days. The Areola **WILL** appear bolder immediately after the procedure; this is common in all Permanent Makeup applications. It will begin to soften up after a few days. It is very common to have areas fade more so than others, this is part of the healing process and will be treated at the recommended touch up appointment. Previously done Areola(s) may take 2-3 treatments to achieve the desired result. Scar tissue on the Areola area of the breast **WILL** require additional procedures.

IT IS NOT UNCOMMON TO LOSE UP TO 70% OF THE COLOR ON THE FIRST APPLICATION

### REMEMBER

- DO NOT get wet for at least three (3) days.
- No swimming, hot tubs or steamy environments for two weeks. Chlorine and other related chemicals used to reduce the bacteria in swimming pools and/or hot tubs are also known to have an adverse effect on newly implanted pigments.
- No scrubbing the area.
- Do not use peroxide or Neosporin on ANY areas.
- No vigorous exercise for 24 hours.

### NOTE:

FAILURE TO FOLLOW POST-TREATMENT INSTRUCTIONS MAY CAUSE LOSS OF PIGMENT,  
DISCOLORATION OR INFECTION