



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



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: _____



Northern Michigan Cosmetics
808 S. Huron Avenue, Cheboygan, Michigan
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www.northernmichigancosmetics.com

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 Northern Michigan Cosmetics and it's employee both personally and under the business name of Northern Michigan Cosmetics 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 Northern Michigan Cosmetics.

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