

CLIENT HISTORY FORM

Print Name _____		Location of Service: 623 N LIME AVENUE SARASOTA, FL. 34237	
Email _____@_____.com	Birth Date _____	Age _____	Gender Female / Male
Address _____	City _____	State _____	Zip code _____
Emergency Contact Name and Number _____	Home Phone (____) _____	Cell Phone (____) _____	

Circle either yes or no for each question. **If you answered "Yes" to any questions, use the next page to provide an explanation and reference the question number.** Also list any other medical condition you have that was not listed on this form or information you want the artist to be aware of.

It is important to answer the questions accurately. They are used to help the technician decide the proper technique and formulas for the client.

1	YES	NO	Are you pregnant, nursing, or on fertility treatments? No tattooing allowed	27	YES	NO	Do you take prescription drugs? List on the next page.
2	YES	NO	Have you started your period 3 days prior to your appointment? This will make you sensitive and bleed more	28	YES	NO	Have you had any surgeries in the past year? Elective and non-elective. List when & where on the next page
3	YES	NO	Have you had any alcohol in the last 24 hours? This will make you sensitive and bleed more	29	YES	NO	Do you tend to faint or become dizzy? Please eat and be hydrated before coming to our appointment.
4	YES	NO	Do you use tobacco or smoking products?	30	YES	NO	Do you have any seizure related conditions?
5	YES	NO	Are you taking any mood-altering medication or drugs? Ativan, marijuana, valium, Xanax, etc.	31	YES	NO	Do you have a history of MRSA or slow healing conditions? List on the next page
6	YES	NO	Have you ever had permanent cosmetics or tattoos? List on the next page when and where	32	YES	NO	Do you personally have any history of cancer? List on the next page
7	YES	NO	Have you had any type of a tattoo removal on the area to be treated? List on next page when and where	33	YES	NO	Are you undergoing radiation or chemo-therapy treatment?
8	YES	NO	Do you have Botox or Fillers? List on the next page when and where. For eyebrows, regular Botox users must wait 2 weeks before tattooing. Others must wait 1 month or longer	34	YES	NO	Do you have high blood pressure <input type="checkbox"/> or low blood pressure <input type="checkbox"/> May need more touch ups
9	YES	NO	Do you have rosacea or any skin conditions?	35	YES	NO	Do you have any heart conditions?
10	YES	NO	Is your skin oily? May need more touch ups	36	YES	NO	Are you wearing a pacemaker?
11	YES	NO	Check if you routinely use Retin-A <input type="checkbox"/> glycolic <input type="checkbox"/> Other. <input type="checkbox"/> exfoliating products <input type="checkbox"/> laser treatment <input type="checkbox"/>	37	YES	NO	Do you have a history of stroke or heart attack?
12	YES	NO	Do you intentionally tan by: sun exposure <input type="checkbox"/> tanning bed <input type="checkbox"/> Do you have a sunburn? <input type="checkbox"/>	38	YES	NO	Have you had aspirins or blood thinner medication in the last 24 hours?
13	YES	NO	Do you tend to develop keloids? Raised/bubble type scars If yes, have you had your ears pierced? Any keloids?	39	YES	NO	Do you bleed excessively from minor cuts or been diagnosed as a Hemophiliac?
14	YES	NO	Have you had waxing, threading, or electrolysis in the last week?	40	YES	NO	Do you have any autoimmune disorders? May need more touch ups
15	YES	NO	To your knowledge are you allergic or resistant to numbing products such as ELA-Max (Lidocaine)?	41	YES	NO	Are you diabetic? Type 1 <input type="checkbox"/> or Type 2 <input type="checkbox"/> Is it under control? Yes <input type="checkbox"/> or No <input type="checkbox"/>
16	YES	NO	Are sensitive to epinephrine?	42	YES	NO	Do you have a thyroid condition? May need more touch ups
17	YES	NO	Do you have any seasonal allergies?	43	YES	NO	Have you experienced Hepatitis or Jaundice during the past 12 months?
18	YES	NO	Do you have a history of sensitivities?	44	YES	NO	Are you anemic or being treated for anemia? Iron deficiencies heal very light and need more touch ups.
19	YES	NO	Are you allergic or sensitive to any metals, example: metals used for jewelry?	45	YES	NO	Are you under treatment for depression?
20	YES	NO	Are you sensitive or allergic to hand creams or body lotions?	46	YES	NO	Are you now, or have you ever been on the acne treatment Accutane? Must wait at least one year before having tattoos
21	YES	NO	Are you allergic to hair dyes?	47	YES	NO	Do you have herpes? Cold sores or fever blisters. Will need to take medication before any treatments on or near the lips
22	YES	NO	Do you have allergies to makeup?	48	YES	NO	Have you had any vaccines in the last month?
23	YES	NO	Are you sensitive to petroleum-based products or Vitamin E?	49	YES	NO	Do you have glaucoma or any other eye disease?
24	YES	NO	Are you taking any diet medications or changed your diet in the last two weeks?	50	YES	NO	Do you have dry eyes?
25	YES	NO	Have you had an antibiotic in the last two weeks? Reasons why?	51	YES	NO	Do you wear contact lenses?
26	YES	NO	Do you have any medical condition that requires you to pre-medicate with an antibiotic prior to a dental or other invasive procedures?	52	YES	NO	Do you have any skin growths in the area to be tattooed? Skin tags, moles, etc.

Consult with a doctor if you are unsure if proceeding is in your best interest. By signing below, you agree to proceed and attest that all answers are true and accurate to the best of your knowledge.

Client's Signature _____ Date _____

Medical Log

Question #	Date	Explanation

RETURNING APPOINTMENT

I, _____ agree that all paperwork filled out on _____ is accurate and applies to today's appointment. Please adjust the "medical log" above if anything has changed since your last appointment.

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Client's Signature _____ Date: _____

Cosmetic Tattoo Consent Form

Please read carefully and initial each line below to acknowledge and agree to each statement.

_____ (Initial) I am not pregnant, nursing, or receiving fertility treatments.

_____ (Initial) I am not impaired and can make choices that are not influenced by alcohol and/or illegal drugs.

_____ (Initial) I understand the process, risks, and complications that may occur during and after the procedure.

_____ (Initial) I understand there may be a certain amount of discomfort or pain associated with the procedure(s).

_____ (Initial) I understand an adverse side effect(s) may include minor and/or temporary reactions such as but not limited to; bleeding, bruising, swelling, and redness or other discolorations.

_____ (Initial) I understand swelling may occur which may cause an unevenness in the design effecting the final results.

_____ (Initial) I understand complications from the cosmetic tattoo procedure(s) may include infection, particularly in the event my post-procedural instructions are not followed.

_____ (Initial) I do not have a medical or skin condition(s) such as, but not limited to: acne, scarring (Keloids), eczema, psoriasis, freckles, moles, cancer, treatments, biopsy, or sunburn in the area to be tattooed.

_____ (Initial) I do not have an infection or a visible rash anywhere on my body.

_____ (Initial) I acknowledge it is not reasonably possible for the technician to determine whether I might have an allergic reaction to the pigments or processes used for my tattoo.

_____ ***(Initial if you do NOT want a test patch) I agree to accept the risk by waiving a patch test and understand that such a reaction is possible.***

_____ ***(Initial if you DO want a test patch) A small amount of pigment will be placed in my skin. If a reaction occurs within 24 hours, I will contact my allergy specialist to determine my eligibility for said tattooing and inform the technician of the results.***

_____ (Initial) I understand that hyper-pigmentation (darkening of the skin) or hypopigmentation (absence of color in the skin), or scarring is a possibility because of my body's reaction to the skin being broken during the procedure. I realize that my body is unique, the technician cannot predict how my body will react to the procedure.

_____ (Initial) I accept full responsibility for determining the color, shape and position of the design and pigments to be applied. I understand the actual healed color will be modified slightly due to my own unique skin's acceptance of the pigments and my skin undertones.

_____ (Initial) I understand the procedure(s) will result in a permanent change to my appearance and that no representations have been made to later change or remove the results.

_____ (Initial) I understand lightening treatments may cause scarring and/or disfigurement.

_____ (Initial) I understand lightening treatments may take multiple sessions. When I am ready, more than likely I will need one or more touch-up/perfecting sessions. I agree that each visit will have a fee.

_____ (Initial) I understand corrections or modifications are not guaranteed and may take multiple sessions. I agree that each visit will have a fee.

_____ (Initial) I understand future Laser Treatments, LED Therapy, Cosmetic or Medical Surgeries, Implants, Injections, and other skin altering procedures may alter and/or degrade my cosmetic tattoo. I further understand that such changes are **NOT** the responsibility of the technician, and such changes in my appearance may **NOT** be correctable through a cosmetic tattoo procedure(s).

_____ (Initial) I understand that tattoos may cause MRI (Magnetic Response Imaging) artifacts and that there may be a warming and/or tingling sensation in the tattooed area during the MRI due to the iron oxide properties of some pigments. It is understood that I should advise my physician that I do have permanent cosmetics (a tattoo) in the event a MRI procedure is prescribed.

_____ (Initial) I authorize the technician to obtain pre-procedural and post-procedural pictures and give permission to use such pictures for publication and/or teaching purposes.

_____ (Initial) I understand the healing process will go through several changes and could take many weeks before the true results appear.

_____ (Initial) I understand cosmetic tattooing is an art form and NOT an exact science and I realize that my body and skin are unique. The technician cannot predict how my skin may react to the procedure or how it may or may not accept color. Some skin types will not accept or heal pigment in a consistent manner...your skin and how well you take care of your cosmetic tattoo(s) will determine your result.

_____ (Initial) I accept that the technician cannot predict how many visits it will take to complete my procedure. A touch up or perfecting session may be necessary.

_____ (Initial) I understand there is a fee for each appointment; new procedures, any touch-ups/perfecting sessions, and/or lightening treatments, corrections, or scar work. Acceptable forms of payments: cash preferred, check, Zelle, Venmo, Apple Pay, Ask about other possible Online Payment Apps. No credit cards accepted.

_____ (Initial) I understand all fees are to be paid prior to or on the day of the procedure and are nonrefundable.

_____ (Initial) This contract is to remain in effect from the date signed by the client and its contents are to still apply whenever work is being performed on myself by the technician. It is my responsibility to inform the technician if any changes have occurred in my medical history.

_____ (Initial) I have read and understand the contents of each reference above. I have received no unrealistic warranties or guarantees with respect to the benefits to be realized from or the consequences of any procedure(s) received.

I, _____, acknowledge by signing this consent form, I have asked the technician any and all questions about cosmetic tattooing procedure(s). The decision to proceed with the cosmetic tattooing procedure(s) is my own. I understand and accept all risks involved, therefore releasing and forever discharging SeaChelle's, LLC., Michelle Brantley, independent contractors, employees or students from all legal liability both personally and under the business name of SeaChelle's, LLC. This is to include but not be limited to all claims, demands, actions, and causes of actions arising out of any treatments or procedures which I, my heirs, executors, administrators, or assignor may have stemming from my decision to have any treatments or procedures. I agree that this waiver also pertains to and is designed to protect all establishments where Michelle Brantley does business. The technician is a trained, experienced, and skilled artist who makes no claims to be anything more. Permanent makeup/cosmetic tattooing is not a medical procedure, but rather an art form: the art of tattooing.

Areola/Nipple clients only: I _____, am responsible for the total payment and understand that the technician will not bill my insurance company for any procedures. I will be given the insurance claim forms to submit for a possible reimbursement and will mail them to my insurance company. I am aware that SeaChelle's, LLC. does not guarantee a reimbursement. I also understand that SeaChelle's, LLC. and Michelle Brantley will not reimburse any difference from the amount paid for the procedure to the allowable amount from my insurance company.

Client's Signature: _____ **Date:** _____.

Technician's Signature: _____ **Date:** _____.

Michelle Brantley

Signature of parent or legal guardian if client is under 18 years of age:

_____ **Date:** _____.