

PERSONAL MEDICAL FORMS

The following confidential medical information will be property of the Kaysha Hilliard. This is required for the benefit and safety of the client in obtaining any and all procedures performed by Kaysha Hilliard

Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation:

NAME _____ Date of Birth: _____

Email: _____

ADDRESS _____

PHONE (Day) _____

Night _____

May we contact you at these numbers if necessary? Yes /No

HAVE YOU EVER HAD A FEVER BLISTER OR COLD SORE? Yes /No

IF YES, contact your physician for a prescription of ZOVIRAX or some other anti-viral medication.

I have read the above information regarding an anti-viral and understand its use is mandatory
If I desire lip line or full lip color procedures.

*Signed: (Client) _____

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? Yes/ No

If YES WHY? _____

PHYSICIAN NAME: _____

Phone Number _____

Please Answer The Following Questions to Avoid Complications :

YES/NO ARE YOU PREGNANT, NURSING, OR LACTATING?

YES/NO I am over the age of 18 and in sound mind, body, and health.

YES/NO DO YOU USE ASPRIN FOR BLOOD THINNING?

YES/NO DO YOU TAKE ASPRIN DAILY?

YES/NO ARE YOU REQUIRED TO TAKE ANTIBIOTICS PRIOR TO DENTAL OR MEDICAL PROCEDURES?

YES/NO HAVE YOU TAKEN ANY FORM OF MOOD ALTERING MEDICATION IN THE LAST 10 HOURS?

YES/NO Do you have any mental impairment that may affect your judgement?

YES/NO HAVE YOU EVER HAD A COLD SORES,FEVER BLISTER,OR PRIOR HISTORY OF HERPES?

YES/NO ARE YOU ALLERGIC OR HAVE ANY SENSITIVITY TO LATEX?

YES/NO Have you had a chemical peel in the last 30 days?

YES/NO How often do you exfolate your skin and what do you used?

YES/NO Have you had any injectable fillers such as Botox, Restylane, Juvederm etc.? If yes when _____

YES/NO Has healing even been a problem?

YES/NO Do you have any Permanent makeup or tattoos?

YES/NO Have you had any complications with previous tattoos or Permanent Makeup?

YES/NO Are you currently undergoing radiation or chemo therapy?

YES/NO Do you wear contact lenses?

(if yes and you are undergoing an eyeliner procedure they must be removed for a minium of 24hours)

YES/NO Do you have any allergies to metal?

YES?NO Do you have any allergies to products containing “ Caine?”

YES/NO Do You have a history of skin diseases? If YES, Please Explain _____

LIST ALL MEDICATIONS BOTH PRESCRIPTION AND OVER THE COUNTER THAT YOU ARE CURRENTLY

Please list any Anti Inflammatory, Steroids, or Immunosuppressive Medications you currently take?

Please list any allergies to Petroleum based products ,topical antibiotic polysporin,Bacitracin,Neosporin?

PLEASE CIRCLE IF YOU HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS:

- Hepatitis
- Heart Condition
- Ocular Herpes Diabetes
- Stroke
- Angina or Chest Pains
- Allergies to Makeup
- Any Form of Cancer
- Kidney Disease
- Accutane Treatments
- Auto immune Disorders
- Dry Eyes
- Asthma
- Glaucoma
- Hyper-pigmentation
- Hypo Pigmentation
- Any form of Cancer
- Keloid or Hypertrophy Scars

OTHER? _____

SIGNATURE

WITNESS

PRINT SIGNATURE

[CLIENT RELEASE FORM/PHOTOGRAPH COPYRIGHTS](#)

Model name _____

Client Release

In consideration of my engagement as a model upon the terms stated, I hereby give to Photographer and Practitioner

a) The irrevocable, exclusive and unrestricted right and permission to create, copy, use, re-use, alter, publish, License, assign and distribute the photographic portraits or pictures in which I may be included in whole or in part In conjunction with my own name, a fictitious name or no name at all. Photographer is granted the foregoing exclusive rights regarding the Released Images in any and all media now or hereafter known, including but not limited to film, print, video and digital reproduction for illustration, art, promotion, advertising, trade or any other purpose whatsoever.

I acknowledge that as between Photographer and me, Photographer is and shall be the author of all Released Images under copyright laws and owns and shall own all Released Images.

b) I also permit and authorize the Photographer and any Authorized Parties to use any printed material or other materials or Media they desire with the Released Images.

c) I hereby relinquish any right that I may have to examine or approve: (1) the completed product or products or any Associated advertising copy or printed matter incorporating or associated with the Released Images, (2) any other Materials or media that may be used in conjunction with the Released Images, or (3) the use to which the Released Images may be applied.

d) I hereby release, discharge and agree to hold harmless the Photographer and all Authorized Parties, individually and jointly, from any liability to me or others associated with me by virtue of any blurring, distortion or alteration of the Released Images, or use of the Released Images in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said Released Images or in any subsequent processing, publication or usage thereof.

Including without limitation any claims of defamation or violation of rights of privacy or publicity. I acknowledge and agree that this release and agreement to hold harmless shall continue indefinitely, regardless of whether any Released image used within the scope of this Agreement causes me in the future to feel embarrassed or otherwise injured in any manner.

e) I hereby release, discharge and agree to save harmless the Photographer and any and all Authorized Parties from any Liability resulting from any injury or accident, regardless of cause, in which I am involved during a photo shooting.

I HEREBY AFFIRM THAT I AM AN ADULT OF LEGAL AGE AND HAVE THE RIGHT TO CONTRACT IN MY OWN NAME. I HAVE READ THE ABOVE AUTHORIZATION, RELEASE AND AGREEMENT PRIOR TO ITS EXECUTION; I FULLY UNDERSTAND THE CONTENTS THEREOF. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Description of photographs:

As compensation, I have received and expect no further compensation.

Model's Name (Please Print) _____

Model's signature _____

I, the undersigned model, assign to you the copyright photography.

Signature of Client/ Model _____ Date _____

Witness Signature _____

authorization and medical release

I have been informed of the risks, and possible complications resulting from permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: slight discomfort associated with procedure, infection, and scarring, inconsistent color, spreading, fanning or fading of pigments, slight bleeding & bruising. Individual prone to fever blisters may have outbreak if not properly medicated. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after any eyeliner procedure. I understand the actual color of the pigment may be modified slightly, due to the undertone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science, but an art. The Practitioner makes no attempt to, or claim to, practice medicine.

I request the permanent skin pigmentation procedure(s), and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure(s).

Initials _____

X _____
Signature of Client (Model) _____ Date _____

I, _____, I recognize and acknowledge, that I have been given the full opportunity to ask any questions which I might have about the obtaining of any permanent cosmetic procedures from _____

And all associates. I also acknowledge that all of my questions were answered to my full and total satisfaction. I specifically acknowledge I have been advised of the fact and manners set below, and I agree as follows:

Initial _____ I am over the age of 18 and in sound mind, body, and health.

Initial _____ I am not under the influence of drugs or alcohol

Initial _____ I have received post procedure instructions and healing chart and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure.

Initial _____ Should I have diabetes, epilepsy, hemophilia, a heart condition, or any other medical or skin condition that can interfere with the application or healing of my Permanent cosmetic Tattoo I must reveal that information to my technician. I understand I must contact my doctor and bring a letter stating that it is safe to have my permanent makeup procedure.

Initial _____ I am not the recipient from an organ or bone marrow transplant or if I am I have taken the prescribed regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing permanent makeup or piercing.

Initial _____ I am NOT pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting my permanent cosmetics.

Initial _____ I recognize that it is not possible to determine if or whether I might have any allergic reaction to any of the topical preparations, pigments, dyes, used in the procedure; I understand and accept the risk that such a reaction is possible.

Initial _____ There is a possibility of an allergic reaction to pigments. A patch test is advisable however it does not ensure a client will not have an allergic reaction, I release the technician from liability if I develop an allergic reaction to the pigment.

INFORMED CONSENT CONTINUED

Initial _____ I understand that complications are possible when receiving permanent makeup procedures, particularly in the event that post-procedural instructions are not followed.

Initial _____ The Practioner or any of the Practioners associates cannot predict how my skin may react as a result of my procedure.

Initial _____ I understand that the permanent make up procedure may result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove the result.

Initial _____ Skin altering procedures, such as plastic surgery, implants, and/or injections may alter or degrade my permanent cosmetic procedure. It has been explain to me that such changes are not the fault of the practioner or any of the practitioners associates. I further understand that such changes may not be correctable through further permanent cosmetic procedures.

Initial _____ I consent to the admittance of authorized observers to the procedure.

Initial _____ I consent to the application of the procedure and understand its attendant risks, and to any actions or conduct of the practioner or any of the practitioners associates reasonably necessary to perform the procedure(s).

I have reviewed and understand all the information given to me. I understand this is a contract and that I have received no warranties or guarantees with any of my procedures.). I further acknowledge that at the time of signing this consent to this procedure(s), I was of sound mind and capable of making independent decisions for myself.

Clients Signature

Date

I have reviewed the information with my client or clients representative

Witness Signature

Date

HEALING SCHEDULE CLIENTS COPY

Eye brows

Day

- 1-2 Color will be darker and bolder in width (keep moist with Vaseline or A&D)
- 3 Exfoliation will begin causing the excess pigment surrounding the eyebrow procedure to flake away and the eyebrows will appear narrower
- 4 Eyebrow may itch, this is the normal healing process – do not pick at the area)
- 5 Pigment will peel off and the eyebrows will appear softer
- 6-14 Color enhances to final results

**Notes on eyebrows:

- Do not dye, wax, tweeze, or use electrolysis for 2 weeks in the tattoo area. You can tweeze outside / around the permanent makeup.
- It can take a little time for the eyebrow tattoo to soften up, and to see how the color is going to do.
- After the skin is healed over you can put brow powder on it to mask it while waiting.

Eyeliner

Day

- 1-2 Liner will appear thicker, darker and swollen (ice may be used to reduce swelling)
- 3-4 Pigment begins to lift away with a tight feeling. Some itching is normal – do not pick at area
- 5 The color will clarify to its results

**Notes: on Eyeliner

- Do not wear contact lenses during the procedure or for 24 hours after. Have sunglasses available. Eyes may be light sensitive or even dilated immediately after. The sunglasses are also handy for hiding puffy eyes.
- Do not dye, perm, or use eyelash curler for 2 weeks.
Do not use mascara until outer healing is complete (3-5 days).
- A new tube of mascara is highly recommended due to risk of bacterial presence in used tubes. Stay a little farther out on the lashes, not too close to the liner. Remove with Vaseline or baby oil without rubbing it into the liner.
- Eyes will be swollen for a few days. Eyes may feel dry or irritated lubricating refresher drops may be used.

Lips

Day

- 1-2 Lips will appear darker and swollen when first done. Keep area moist
- 3-4 Peeling may begin and color may appear with a slight pinkish/orange effect
- 5-6 Lips may be dry and possibly chapped and first stage of color is ending
- 7-14 Color may look like it is totally gone, do not be concerned this is all part of the process
- 15-21 Pigment color will begin to show – lips may remain dry for a month or two. Use a good lip balm to help

**Notes on Lip:

- Lips will ooze a couple of days. Blot and reapply ointment. After sleeping, crust will have dried on the lips. Rinse with water or put more ointment on to loosen crust, blot and reapply ointment. A cool saturated cloth feels good to blot with.
- Lips will be tender at first. Drink through a straw. Do not excessively stretch lips while they are healing with big smiles, or pucker lips with smoking. Lip skin is a continuation of the delicate mucous membrane. It is not strong like normal skin.
- On day 3, lips stop oozing and start peeling. This is when the chapped lip feeling is strongest. Massage the lips after placing a thick layer of ointment on them and making gentle circular motions with one finger. The massage helps get loose skin off that is ready to come off without yanking out skin that is not ready to come off.
- Lips will peel for a week. Picking off skin that is not ready to come off will cause pigment loss. Try to keep toothpaste off lips while healing.
- Do not have teeth bleached while healing. During the peeling process it may look like there is not much color there. Color is more apparent by the second week. Final result is not judged for 2months.
- Do not use anything made for cold sores or blisters because although they initially feel moisturizing, they turn around and dry the lips out. Some do more damage than that, especially if applied on broken lip tissue during the healing process Applying vitamin E will usually help.