

# Skin Care & Makeup by Cindy

## Permanent Makeup

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Ethnic Background, please include all nationalities \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

May we call you at work? ☐ No ☐ Yes If yes, work number (\_\_\_\_) \_\_\_\_\_

**Who may we thank for referring you?** \_\_\_\_\_

Procedure(s) desired: ☐ Brows ☐ Eyeliner ☐ Lips ☐ Camouflage ☐ Nipple Areola

Fee: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**ALLERGIES** (Please check if you ever had an allergic reaction to any of the following and describe what happened)

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Antibiotic Ointments (i.e., Neosporin, Bacitracin, Polymyxin, etc.) | Paid _____             |
| <input type="checkbox"/> Seasonal (Trees, pollen, hay fever)                                 | Charge _____           |
| <input type="checkbox"/> Novacaine, Lidocaine or Latex Rubber                                | Check _____ Cash _____ |
| <input type="checkbox"/> Cosmetics   | Balance _____          |
| <input type="checkbox"/> Contrast dyes as used in X-rays                                     | Terms _____            |
| <input type="checkbox"/> Metals, Other   |                        |

**GENERAL MEDICAL** (Check all of the following that apply and describe if "yes")

	YES	NO
Are you on a blood thinning medication?		
Are you pregnant or nursing?		
Do you have glaucoma or other eye disease or disorders?		
Any kind of heart condition?		
Do you bruise or bleed easily?		
Do you have a healing problem?		
Do you have thyroid abnormalities?		
Are you diabetic?		
Do you have seizures?		
Are you on Lithium?		
Are you on Accutane, or have you taken it within the last six months?		
Are you on steroids or anti-inflammatory medications?		
Do you use Retin-A or Glycolic Acid?		
Do you have any tattoos?		
Have they ever raised up or behaved indifferently? Explain:		

Do you have hemophila or other clotting disorders?		
Have you ever had hepatitis? When were you tested?		
Do you have an autoimmune disorder?		
Surgery? If yes, describe:		
Botox?		
When?		
Do you have a dermatologic disorder(s)?		
Disorder presently active?		
Do you have keloids?		
Do your scars heal in a raised manner?		
Do your scars heal in darker color?		
Have you ever had a fever blister, cold sore or canker sore?		
Do you have any pre-existing nerve damage?		
Have you ever had any eye trauma?		
Are you prone to eye infections (i.e., conjunctivitis/pink eye)?		
Do you have Mitral Valve Prolapse or valve implants?		
Prior to dental procedures, do you receive medication?		
Do you have Alopecia Universales (total) or Alopecia Areata (local)?		

If you are presently under a physician's care for any condition, please describe: \_\_\_\_\_

Physician's Name & Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

#### GENERAL INFORMATION

	YES	NO
Do you have Trichotillomania?		
Do you tint your brows?		
Do you tint your lashes?		
Have you had Gore-Tex implants? If yes, when?		
Have you had fat transfer injections? If yes, where?		
Have you had any other aesthetic procedures, even in the form of cosmetic surgery?		
If yes, where and when?		
If yes, are you happy with the results?		
Have you ever had a chemical peel? What type of peel?		
Do you use a sunlamp or tanning bed?		
Are you currently tan in the area(s) to be treated?		
Do you practice any outdoor activities regularly? If yes, circle which ones:		
Tennis   Golf   Gardening   Boating   Swimming   Skiing   Other		

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### CONSENT TO PROCEDURE

*PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE THAT YOU UNDERSTAND WHAT IT MEANS BY INITIALING NEXT TO EACH PARAGRAPH:*

1. I absolutely understand and accept that such procedure is a process, often requiring multiple applications of color to achieve desirable results, and the 100% success cannot be guaranteed. \_\_\_\_\_
2. I have received, reviewed and understand the pre-I and post-procedural instructions as given to me and agree to follow them. \_\_\_\_\_
3. Depending on the procedure(s), which I select, I accept responsibility for determining the color, shape, and position of eyebrows, eyeliners, lip liner and/or full lip color, and the color of camouflage. \_\_\_\_\_
4. I have been advised not to drive motor vehicle for eight (8) hours following an eyeliner procedure. \_\_\_\_\_
5. I understand that any hair removal such as tweezing, waxing or electrolysis must be done one week prior to the procedure and two weeks following the procedure. \_\_\_\_\_
6. I understand that lash tinting or brow tinting must be done one-week prior and four (4) weeks after the procedure and touch-up application. \_\_\_\_\_
7. I am aware that if I am to receive a CAT Scan or MRI after the procedure, I must tell the Radiologist that I have iron oxide permanent cosmetics. \_\_\_\_\_
8. If I am a lens wearer, I realize that I must keep my lenses out the day of an eyeliner procedure. \_\_\_\_\_
9. I understand that his procedure will fade and this fading can alter the original pigment color and that this simply determines that it is time for a touch-up visit. \_\_\_\_\_
10. I realize that this is an elective cosmetic procedure, not an exact science, and is not medically necessary. \_\_\_\_\_
11. It has been explained to me that the following possibilities may occur: minor and temporary bleeding, bruising, redness or other discoloration; swelling; fever blisters on the lip area following lip procedures in individuals prone to them; and/or fading or loss of pigment. \_\_\_\_\_

### PATCH TEST CONSENT

I have received a patch test on \_\_\_\_\_ (date) and have had no adverse side effects. The patch test was completed prior to the procedure and releases Cindy Martell from any liability related to any allergies or other reaction to applied pigments.

### ACCEPTANCE

I have read and understand these risks listed above and they have been explained to me. **I DID NOT JUST SIGN THIS DOCUMENT.** I certify that the information in the above questionnaire is accurate and that it has explained to me, and my questions have been answered. I accept full responsibility for any complications that may arise or result during or following the cosmetic procedure(s) to be performed at my request.

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

If client is under the age of 18, signature of guardian \_\_\_\_\_

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### POST PROCEDURE CARE

Cindy's Spa specializes in the application of Micro Pigment Implantation otherwise known as Permanent Cosmetics. This is a two or more step process. The result cannot be determined until after the touch-up applications. I perform this service to the best of my ability, and to achieve the desired results. Your cooperation is required in the following instructions:

#### EYEBROWS:

*Swelling:* Very slight, a little redness in the immediate area.

*Moisture:* Keep the area of pigmentation moist using a topical antibiotic ointment or Vaseline. Apply 4 times per day (morning, night, and twice in between) for a minimum of 3 days. If a crust appears on the pigmented surface, **DO NOT FORCE REMOVAL BY PICKING, SCRATCHING, OR WASHING!!! PIGMENT MAY BE REMOVED ALONG WITH THE CRUST!!!**

*Avoid:* (for 2-3 days)

- Soaps, facial cleansers, water on pigmented area; wash around it
- Make up on pigmented area for 3 days (including non allergenic)
- Chlorine pools
- Retin A on pigmented areas
- Sun on pigmented areas
- Jacuzzi or Saunas
- Terry towels on pigmented area
- Hot, steamy, long showers

To avoid the water or shampoo/conditioner from getting onto the pigmented area, shower with your back to the water. Also, have a sufficient amount of bacitracin or Vaseline on the pigmented area during showers.

Do not be alarmed by fading after the first application. The final color cannot be judged until at least 3 weeks after the touch-up applications are completed. This is the reason follow-ups are required.

#### EYELINER:

*Swelling:* Moderate, an enclosed ice bag should be applied for the first few hours; 10 minutes on and 10 minutes off. Following the procedure, you may find the area slightly puffy for the first few mornings. Either thinly sliced cucumbers or an enclosed ice bag placed on the eyes on the second day for a few minutes in the morning; along with sleeping somewhat propped up on your back, will make a difference if you know that you have a tendency to swell.

*Moisture:* Keep the area of pigmentation moist using a topical antibiotic ointment or Vaseline. Apply 4 times per day (morning, night, and twice in between) with for 2-3 days.

*Avoid:* **DO NOT RUB EYES – DOING SO MAY CAUSE DAMAGE TO THE CORNEA**

- Contact lenses the day of the procedure
- Driving 8 hours following procedure
- Chlorine pools for 1 week
- Retin A on pigmented area for 1 week



- Eyelash curlers for 2-3 days
- Soaps, facial cleansers on pigmented area for 2-3 days
- Eye makeup for 2-3 days (including non allergenic)
- Jacuzzi or Saunas for 2-3 days
- Terry Towels on pigmented area for 2-3 days
- Mascara for 2-3 days, then begin with a NEW mascara
- Hot, steamy, long showers

To avoid the water or shampoo/conditioner from getting onto the pigmented area, shower with your back to the water.

Do not be alarmed by fading after the first application. The final color *cannot* be judged until at least 3 weeks after the touch-up applications are completed. This is the reason follow-ups **are required.**

#### **LIPLINER:**

*Swelling:* Moderate, an enclosed ice bag should be applied for the first few hours; 10 minutes on and 10 minutes off.

*Moisture:* Lips will tend to be very dry. Keep them moist with Vaseline or Camphophenique for 7 days. Some peeling may occur. DO NOT PEEL OFF!!! Try not to wipe your lips with a napkin while eating, blot. Drink through a straw. Lips have a tendency to fade up to 60%.

*Avoid:*

- Chlorine pools for 2-3 days
- Retin A on the lips
- Drinking without a straw
- Sun on pigmented area for 2-3 days
- Soaps, facial cleansers on pigmented area for 2-3 days, wash around lips carefully
- Jacuzzi or Saunas for 2-3 days
- Terry Towels on pigmented area for 2-3 days
- Hot, steamy, long showers

To avoid the water or shampoo/conditioner from getting onto the pigmented area, shower with your back to the water.

Do not be alarmed by fading after the first application. The final color *cannot* be judged until at least 3 weeks after the touch-up applications are completed. This is the reason follow-ups **are required.**

#### **NOTE:**

- Anyone having a history of cold sores, canker sores, and/or fever blisters on the lips, chin, or in the nose can ask their physician for a prescription for 200 mg of Zovirax tablets. These can be taken 4 times a day, for 5 days prior to the procedure and then continued 4 times a day after the procedure for the next 5 days. You can also ask for Zovirax cream to topically apply to lips after procedure. L-Lysine (500 mg) can be taken at one a day, one week prior to lip procedure and one week following the procedure. It has been reported to be successful in preventing blistering.

- All permanent cosmetic pigments must be sun blocked with 30 SPF on brows, eyelids and lips.
- In the event of a CAT Scan or MRI Scan, please inform the radiologist that you have iron oxide permanent cosmetics. Otherwise, he/she will have no way of knowing why there is a fuzzy reading in the procedure area.
- Our ultimate goal is to assist you in looking your best. Originally, if you choose a conservative approach to cosmetics, but after the initial permanent makeup application, you change your mind and desire a substantial additional amount of brow size, tail work, wider eyeliner, or darker lip color than you originally requested, there will be a slight additional charge. This will be determined and discussed with you prior to doing the additional work.

I will and always be happy to accommodate your special requests and the slight additional charge is only because this often requires as much time as the original procedure and may also require an additional touch-up appointment.

**SMILE...THIS IS THE BEGINNING OF A *NEW* YOU!!!**

## **Permanent Cosmetic Make-Up General After Care Instructions**

Proper care following your procedure is necessary to achieve the best results. Keep in mind that in many cases, some unevenness of color is to be expected. This is the purpose of the touch-up visit. Please review the following directions and refer to them as necessary. If during your healing process you have any questions or concerns, please contact me at 215-752-4562

- Ice packs protected with a cloth may be applied as necessary to reduce swelling. On the first night following the procedure, sleeping slightly elevated helps alleviate swelling sometimes seen in the morning after facial procedures.
- Wash your hands before touching any treated area. Cotton-tipped applicators may be used to gently cleanse the eye area. Do not expose the area to dirty or unsanitary conditions. Wearing glasses outdoors is a good way to protect new eyeliner from dust, etc. that can stick to healing agents. Apply recommended healing agents sparingly.
- Some itching is normal. **DO NOT PICK, PEEL, OR SCRATCH** the treated area or your color may heal unevenly and you risk infection and fading of your color.
- Avoid make-up use on pigmented area for 72 hours after the procedure. After any eyeliner procedure, use new mascara. Do not use an eyelash curler for 2 weeks.
- Try to avoid the direct sun, tanning beds, hot tubs, (tub baths if body area is treated), saunas, salt water, chlorinated pools, direct shower spray, hot water, skin creams, ointments or lotions other than what you have been instructed to use for 2 weeks following your procedure to ensure the best result.
- After a lip procedure, keep your lips moist at all times. Avoid spicy foods or heat. If using herpes medication, continue as prescribed.

### **LONG-TERM CARE**

- Use a good sunscreen daily. Even the lips require protection as pigment can raise up due to photosensitivity of red pigment.
- If you are planning a chemical peel, MRI, or other medical procedure, please tell them that you have had an iron-oxide cosmetic tattoo.
- If you donate blood, it is a Red Cross Policy that you must wait one year after any tattooing procedure.