

Northern Nevada Permanent Makeup - STANDARDIZED FORM

CONFIDENTIAL MEDICAL PROFILE

NAME:	DATE:
--------------	--------------

PLEASE ANSWER CAREFULLY

Please list any skin care products that you use daily:

Do you use SPF on a regular basis?.....Yes^o No^o

Please check any of the following that pertain to you:

<input type="radio"/> Rosacea <input type="radio"/> Accutane Treatment <input type="radio"/> Active Acne <input type="radio"/> Keloids or Hypertrophy <input type="radio"/> Diabetes <input type="radio"/> Exccema <input type="radio"/> Psoriasis <input type="radio"/> Sebaceous Hyperplasia <input type="radio"/> Active Skin Infection	<input type="radio"/> Active Cold Sore/Fever Blister <input type="radio"/> Excessive Bleeding from minor injury <input type="radio"/> Hyper - pigmentation <input type="radio"/> Hypo - pigmentation <input type="radio"/> Skin Cancer <input type="radio"/> Open wounds on treatment area <input type="radio"/> Pregnant/Nursing	<p>PLEASE EXPLAIN ANY CHECKED QUESTIONS OR SYMPTOMS & LIST ANY OTHER MEDICAL CONDITIONS.</p> <p>PLEASE LIST ALL YOUR MEDICATIONS:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
--	---	---

IF YOU ANSWERED YES TO ANY OF THE CONDITIONS LISTED ABOVE, YOU ARE NOT A SUITABLE CANDIDATE FOR SKIN NEEDLING.

Are you taking any of the following medication?

Roaccutane (Retinoids or Vitamin A derivaives)..... Yes^o No^o

High dose of Ibprofen for longer than 4 weeks..... Yes^o No^o

IF YOU ANSWERED YES TO ANY OF THE CONDITIONS LISTED ABOVE, YOU ARE NOT A SUITABLE CANDIDATE FOR SKIN NEEDLING.

Have you undergone any of the following procedures/treatments?

Tanning booth within the last 24 hours..... Yes^o No^o

Facial Botox within the past 7 days..... Yes^o No^o

Facial fillers within the past 28 days Yes^o No^o

IPL, Laser, or Fraxel treatments within the past 28 days..... Yes^o No^o

Moderate peels within 14 days..... Yes^o No^o

Deep peels within the past 28 days..... Yes^o No^o

IF YOU ANSWERED YES TO ANY OF THE CONDITIONS LISTED ABOVE, YOU ARE NOT A SUITABLE CANDIDATE FOR SKIN NEEDLING.

Are you prone to post inflammatory hyperpigmentation (darkening) of the skin?..... Yes^o No^o

If yes, please follow your routine for controlling and managing PIH

Are you allergic to surgical grade stainless steel?..... Yes^o No^o

IF YOU ANSWERED YES YOU ARE NOT A SUITABLE CANDIDATE FOR SKIN NEEDLING.

Are you allergic to any topical numbing creams (in the "caine" family)?..... Yes^o No^o

Do you suffer from cold sores/fever blister?..... Yes^o No^o

If yes, please have your doctor prescribe an antiviral medication and take prior to your procedure

Are you on any Steroid medication?..... Yes^o No^o

Are you on any blood thinners or anti-coagulants?..... Yes^o No^o

If yes, you might have a longer healing cycle

PHYSICIANS NAME : _____ **PHONE:** _____

Northern Nevada Permanent Makeup makes no attempt to, or to claim to practice medicine. Some individuals will have complications related to Skin needling application. These conditions are usually mild and last only a few days; however, extreme complications are always possible. If you are healthy and there are no visible reasons restricting you from receiving skin needling, you must approve the location and application of skin needling. Your procedure aftercare and maintenance, as outlined in your pre/post procedure directions is very important. A two day recovery/down time is to be expected and I was informed that a series of 3-6 treatments is recommended.

CLIENT SIGNATURE: _____ DATE: _____

Northern Nevada Permanent Makeup - STANDARDIZED FORM

CONSENT FOR SKIN NEEDLING

NAME:	DATE:
-------	-------

I request and consent to the application of permanent color during the following procedure(s) to be performed by _____.

Please check any of the procedures that pertain to you:

- Face
- Stomach
- Arms
- Legs
- Other

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS

INITIAL

- I understand that the Rejuvopen treatment is used for skin tightening, acne scars, scarring, large pores, and photo aging of the skin. _____
- I understand the benefits and outcome of the Rejuvopen system and the multiple treatments may be necessary in order to achieve optimal results. _____
- I understand that the typical side effects from the Rejuvopen treatment include erythema and redness (comparable to a moderate sunburn), some swelling and some pin point bleeding. These side effects usually lessen within 48-72 hours after treatment. _____
- I understand the I MUST inform my provider of any side effects that I feel are worse or unanticipated as soon as I am aware of them. _____
- I confirm that I have had all of my questions fully answered satisfactorily by the provider and that I have answered all questions to the best of my knowledge. _____
- I understand that withholding information about my health and medication may increase my risk of possible side effects. _____
- I will inform my provider prior to my treatment if their has been any changes to my circumstances or medication. _____
- I agree that I have read and understood all the information, my questions have been answered to my satisfaction and I have made an informed decision to undergo the Rejuvopen treatment. _____
- I have been informed that this is a mildly invasive procedure and that recovery time is 2 days for redness to disappear. _____

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction.

CLIENT SIGNATURE: _____ DATE: _____

TECHNICIAN SIGNATURE : _____ DATE: _____

I have personally reviewed and discussed the above information with my client and/or my clients representative.

Northern Nevada Permanent Makeup - STANDARDIZED FORM POLICIES AND FEES

PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING STATEMENTS

INITIAL

- The \$50.00 non-refundable deposit is required in order to reserve your appointment time upon scheduling.
This deposit will be credited toward the procedure fees on the day of your appointment. If the deposit is not received upon scheduling or within 24 hours of booking, appointment will be cancelled without notice.
If you no-call / no-show your first visit, an additional deposit will be required to make a new appointment reservation. _____

- If you arrive more than 10 minutes late to any appointment, it will most likely result in having to reschedule. If you are rescheduled due to being late, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse to pay the charge, you will not be scheduled again. _____

- Cancellations need to be made with at least a 24 hour notice. If you don't cancel in advance, you will be charged 50% of your missed appointment, on top of the appointment fee.
If you refuse to pay the charge, you will not be scheduled again.

- No-Call / No-Shows are not tolerated. If you no call / no show any appointment, you will be charged 100% of your missed appointment. If this appointment is a no-charge perfecting visit, you will be charged \$25 before being placed back on the schedule.
If you refuse to pay the charge, you will not be scheduled again.

- Balance is due the day of procedure. Cash is preferred but all major Credit Cards are accepted. Credit Card transactions will have a transaction fee of 3%. There is a \$25 fee for any returned payment. _____

- The Rejuvapen treatment is \$300 per area, per treatment. I have been informed that multiple sessions may be necessary to achieve optimal results.

- Due to the nature of your visit. No children will be allowed in the treatment room during any Permanent Makeup procedure. We also ask that no small children are in waiting area as you will be unable to attend to them.

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction.

CLIENT SIGNATURE: _____ **DATE:** _____

NNPM Copy

Northern Nevada Permanent Makeup - STANDARDIZED FORM

POST PROCEDURE CARE

Skin Needling Aftercare Instructions:

DAY 1-10: Wash the treated area with a mild cleanser 2x's per day. Apply the COPPER cream to entire treated area. Apply sunscreen to the treatment area during your morning routine.

REMEMBER:

- Do not use too much ointment. Only a thin layer is needed, the skin needs to "breathe".
- Do not use ANY Retin A, Glycolic or Salicylic acid products while healing.
- Do not use Peroxide or Neosporin on any treated area.
- Do not Scrub or Pick treated area.
- Do not expose treated area to direct sunlight or tanning beds for at least 5 days.
- Avoid Facials, Swimming and/or Whirlpools for 5 days.
- Avoid gardening or yardwork for 5 days.
- Avoid mild sweating for 3 days.
- Avoid excessive sweating for 5 days.
- Do not dye, wax, or tweeze facial hair for one week before or after procedure.

What to Expect:

Day 1: The treated area will be extremely red and sensitive. It is normal for your skin to feel dry, tight, and hot (almost like a severe sunburn).

Day 2: Same as day 1

Day 3: Skin calms down, isn't so red and inflamed.

Day 4: Treated area starts to flake. Do not pick any of these flakes. Allow them to fall off naturally.

Day 5: Flaking continues and skin starts to itch. Please pat your skin gently, do not scratch.

Day 6-10: Flaking starts to calm down, but may still be present on cheeks and chin.

PLEASE DO NOT HESITATE TO CALL WITH ANY QUESTIONS OR CONCERNS!

CLIENT SIGNATURE: _____ DATE: _____

NNPM Copy

Northern Nevada Permanent Makeup - STANDARDIZED FORM
POST PROCEDURE CARE

Skin Needling Aftercare Instructions:

DAY 1-10: Wash the treated area with the provided cleanser 2x's per day. Apply the COPPER cream to entire treated area. Apply the provided sunscreen to the treatment area during your morning routine.

REMEMBER:

- Do not use too much ointment. Only a thin layer is needed, the skin needs to "breathe".
- Do not use ANY Retin A, Glycolic or Salicylic acid products while healing.
- Do not use Peroxide or Neosporin on any treated area.
- Do not Scrub or Pick treated area.
- Do not expose treated area to direct sunlight or tanning beds for at least 5 days.
- Avoid Facials, Swimming and/or Whirlpools for 5 days.
- Avoid gardening or yardwork for 5 days.
- Do not dye, wax, or tweeze facial hair for one week before or after procedure.

What to Expect:

Day 1: The treated area will be extremely red and sensitive. It is normal for your skin to feel dry, tight, and hot (almost like a severe sunburn).

Day 2: Same as day 1

Day 3: Skin calms down, isn't so red and inflamed.

Day 4: Treated area starts to flake. Do not pick any of these flakes. Allow them to fall off naturally.

Day 5: Flaking continues and skin starts to itch. Please pat your skin gently, do not scratch.

Day 6-10: Flaking starts to calm down, but may still be present on cheeks and chin.

PLEASE DO NOT HESITATE TO CALL WITH ANY QUESTIONS OR CONCERNS!

CLIENT SIGNATURE: _____ DATE: _____

Client Copy

**Northern Nevada Permanent Makeup - STANDARDIZED FORM
POLICIES AND FEES**

PLEASE READ CAREFULLY AND INITIAL THE FOLLOWING STATEMENTS

INITIAL

- The \$50.00 non-refundable deposit is required in order to reserve your appointment time upon scheduling. This deposit will be credited toward the procedure fees on the day of your appointment. If the deposit is not received upon scheduling or within 24 hours of booking, appointment will be cancelled without notice.
If you no-call / no-show your first visit, an additional deposit will be required to make a new appointment reservation. _____

- If you arrive more than 10 minutes late to any appointment, it will most likely result in having to reschedule. If you are rescheduled due to being late, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse to pay the charge, you will not be scheduled again. _____

- Cancellations need to be made with at least a 24 hour notice. If you don't cancel in advance, you will be charged 50% of your missed appointment, on top of the appointment fee.
If you refuse to pay the charge, you will not be scheduled again.

- No-Call / No-Shows are not tolerated. If you no call / no show any appointment, you will be charged 100% of your missed appointment. If this appointment is a no-charge perfecting visit, you will be charged \$25 before being placed back on the schedule.
If you refuse to pay the charge, you will not be scheduled again.

- Balance is due the day of procedure. Cash is preferred but all major Credit Cards are accepted. Credit Card transactions will have a transaction fee of 3%. There is a \$25 fee for any returned payment. _____

- The Rejuvapen treatment is \$300 per area, per treatment. I have been informed that multiple sessions may be necessary to achieve optimal results.

- Due to the nature of your visit. No children will be allowed in the treatment room during any Permanent Makeup procedure. We also ask that no small children are in waiting area as you will be unable to attend to them.

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction.

CLIENT SIGNATURE: _____ **DATE:** _____

Client Copy