



LA BELLISSIMA

Cosmetic Tattoo & Eyelash Services

Page 1 of 6 – 4/30/2019

Cosmetic Tattoo
Confidential Medical Intake Form

Office Use Only

Service Dates, Procedures, Artist:

Your appointment is at:

510 NW 10th Ave.

Studio 9 (inside Sola)

Portland, OR 97209

PLEASE SEE LAST PAGE FOR PARKING INFO!

Please allow **4+ hrs** for your appt.

As a reminder, by law, no one may accompany you into the tattoo studio.

Name: _____

Address: _____

Number & Street

City State Zip Code

Date of Birth: ____ / ____ / ____ Age: ____

Email address: _____

Cell phone number: (____) _____

I, [your name] _____, am over the age of 18 (**bring ID**) and desire to receive the indicated permanent cosmetic procedure. _____ (initial)

Please initial where indicated after each statement, whether or not it applies to you or your service:

I am not under the influence of drugs or alcohol. _____ (initial) **Note: This applies to the day of your appointment.**

I am not pregnant or nursing. _____ (initial)

I have thoroughly read provider's website and understand the general nature of cosmetic tattooing as well as the specific procedure to be performed _____ (initial) *Note: I will explain the entire procedure as we work, but most of that is included on my website.*

I have thoroughly read provider's website and understand the nature, risks, and possible complications or consequences of semi-permanent or permanent pigmentation. I understand the semi-permanent or permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of procedure, including but not limited to the following: infections, scarring, inconsistent color, and spreading, fanning or fading of pigments. _____ (initial)

I understand that the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a form of tattooing and therefore **not an exact science, but an art**. I also understand that the **artist offers no guarantees whatsoever as to the outcome or longevity of this procedure**. I request the semi-permanent or permanent skin pigmentation procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of semi-permanent make-up. _____ (initial)

There is a possibility of an allergic reaction to the pigments and other products used. A patch test is advisable; however, a separate consultation appointment and a 48-hour waiting time is required. Even so, a patch test does not ensure a client will not have an allergic reaction. I waive the patch test. _____ (initial). If waived, I release the artist from all liabilities if I develop an allergic reaction to the pigment or other products used. _____ (initial). **IF NOT WAIVED, PLEASE SCHEDULE A CONSULTATION BEFORE PROCEEDING. [Please note: I have never had a client report an allergic reaction to any of my products.]**

I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures (such as botox, fillers, and cosmetic peels), these may result in adverse changes to my permanent cosmetics. I acknowledge some of these potential adverse changes may not be correctable. _____ (initial)

I have received both before- and aftercare procedural instructions from provider's website, and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure. If I am on any medication for depression or any other mood altering prescription, I will advise the artist. If I have ever had cold sores, I will

consult with and strictly adhere to my doctor's instructions before contemplating any semi-permanent or permanent cosmetic procedure around the lips. _____ (initial)

I understand that, after submitting my intake form and photos, I may not be a candidate for the procedure I desire and that provider has suggested alternative procedure(s).

I understand that taking before and after photographs of my procedure is a condition of the procedure. I certify that I have read and initialed the above paragraphs and understand this consent and procedure permit. I accept full responsibility for the decision to have this cosmetic tattoo work done.

CLIENT SIGNATURE

DATE

To avoid unforeseen complications, please place a "Y" (yes) or "N" (no) next to the following questions, even if the question seems not to apply for your procedure. Please be honest, even if you might feel embarrassed by your response; my questions are all for your health & proper healing. I will do my best to accommodate any issues

_____ Have you had previous permanent/semi-permanent make-up? If yes when? _____

_____ Have you had Botox, filler, or other injectables within the last month? If yes when? _____
and where on your face? _____

Note: (3 months is minimum after lip fillers; 6 mo-1 year is best prior to **lip tattoo**; please consult dr for 10mg Prednisone for day of procedure)

_____ Do you have oral prostheses such as dentures or braces (**lip tattoo** only)?

_____ Do you have a tongue piercing bar (**lip tattoo** only – if so, please remove it, as it will be a bacteria trap during healing)?

_____ Do you have frequent or a recent sinus infection (**lip tattoo** only – *you may be prone to oral yeast infections*)?

_____ Have you recently completed a course of antibiotics (**lip tattoo** only -- *you may be prone to oral yeast infections and your immunity may be lower at right now*)?

_____ Are you a smoker? (Smoking affects healing for **all tattoos** & can cause major problems with **lip tattoos**)

_____ Do you take antacid drugs (**lip tattoo** only)?

_____ Are you pregnant or nursing? **It is illegal for me to tattoo a pregnant woman.** Nursing moms, please let me know you are nursing so I can advise you)

_____ Do you have epilepsy/seizures of any kind or take medication to control them?

_____ Do you have any autoimmune disorders, incl. psoriasis and/or eczema? If so, what & where on your body?

_____ Do you currently or have you had cancer? If so, please explain **cancer type**, and **type and date of last treatment**:

_____ Do you have HIV or AIDS? If so, I'm sorry, but Oregon law prevents me from tattooing you because a strong immune system is needed for healing & properly metabolizing pigment.

_____ Have you had a chemical or laser peel? If so when? _____

_____ Have you had aspirin, ibuprofen (Advil), Aleve, fish oil, niacin, Vitamin A, Vitamin E, or any other blood-thinning medications/supplements **within 7 days of your tattoo appointment date**? If so, what and when? (Blood thinners cause you to bleed more while I work, extending the procedure time) _____

_____ Do you take antidepressants or mood altering medication? If so, what and when? (I'm required to ask by law):

_____ Do you have any problems with healing? Please describe: _____

_____ Do you get keloid (thick, raised) scars or other hypertrophy when healing?

_____ Have you ever had fever blisters, canker sores, or cold sores (**lip tattoo** only)? If so, **please see dr for Acyclovir** or other antiviral & take according to instructions; explain that you're getting a lip tattoo.

_____ Have you received radiation or chemotherapy in last 6 months? If so, when? _____

- _____ Have you used Retin-A, retinol, or any chemical peels such as AHA products within the last month? If so, when? _____
- _____ Do you wear contact lenses? (Please **wear glasses** for **eyeliner procedures**)
- _____ Have you had any eye or eyelid surgery in the past 3 months (for **eyeliner procedures**)? If so, when and what? _____
- _____ Have you had *any* **caffeine products** (incl. Red Bull, Coke, etc.) within **24 hours of your tattoo appointment date**? (Caffeine is a blood thinner, causing you to bleed more while I work, making the work take longer)
- _____ Have you had any **alcohol** within **7 days of your tattoo appointment date**? (Alcohol is a blood thinner, causing you to bleed more while I work, making the work take longer. Also, **by law, I cannot tattoo an inebriated client.**)
- _____ Have you tinted, tweezed, waxed, threaded, or sugared your treatment area within **72 hours of your appt date** If so, when? _____
- _____ Have you had laser hair removal around the treatment area within the last month? If so, when? _____
- _____ Have you had microneedling or dermaplaning within the last month? If so, when? _____
- _____ Have you exposed yourself to the sun for more than 15 minutes within **72 hours of your appt date**? If so, when? _____
- _____ Have you exercised or had a sauna or engaged in any other activity that could raise your body temperature within **48 hours of your tattoo appointment date**? (If so, you may produce more oils, which will cause premature fading.)
- _____ Are you taking **any medication**, including immunosuppressants, anti-inflammatories, or steroids? If yes, please list at the end. (These can all interfere with healing, because they compromise your immune system and/or are blood thinners; however, a one-time steroid like prednisone is helpful for **lip tattoo** clients)
- _____ Are you allergic to topical antibiotic preparations such as Polysporin, Bacitracin, Neosporin or to petroleum-based products (Vaseline)? If so, which? _____
- _____ Are you allergic to lidocaine, tetracaine, or other “-caine” topical anesthetics? If so, which? _____
- _____ Are you allergic to epinephrine (often used in anesthetics, like at the dentist)?
- _____ Are you allergic to bees wax, that you are aware?
- _____ Is there any history of skin diseases or remarkable skin sensitivities **in the treatment area**, including the following:
- _____ acne, pustular, cystic, or widespread smaller pimples
 - _____ thin skin (your skin is as delicate as a peeled hard-boiled egg)
 - _____ thick skin (your skin is as thick or almost as thick as an orange peel)
 - _____ large pores (your skin looks almost like an orange peel)
 - _____ deep wrinkles
 - _____ red, itchy, bumpy, and/or scaly skin
 - _____ any other skin diseases or lesions on your face? Please specify: _____
- _____ Do you have normal skin? Please conduct the **Skin Type Tissue Test** at ExpertBeauty.com/Resources:
- _____ normal skin
 - _____ oily skin
 - _____ dry skin
 - _____ combination skin (where do the tissues stick? _____)
- _____ Do you burn easily? Please check which applies to you after **1 hour in the midday sun**:
- _____ always burn; never tan
 - _____ burn easily, rarely tan
 - _____ sometimes burn; gradually tan
 - _____ rarely burn; tan easily
 - _____ skin darkens, but never burns
 - _____ tan easily, but never burn; sometimes turn “ashy”
- _____ Are you a natural redhead?
- _____ Are you required to take antibiotics during dental or invasive medical procedures?
- _____ For premenopausal women, do you anticipate being on your period at the time you’d like to schedule?
- _____ Do you have any heart conditions? If so, explain _____
- _____ Do you have alopecia? If so, where? _____
- _____ Have you been on Accutane in the **last 6 months**? If so, when was your last treatment? _____
- _____ Do you have hepatitis?
- _____ Do you have diabetes?

- _____ Do you have any thyroid issues? If so, please explain _____
- _____ Do you have a tendency to bleed excessively from minor cuts? (This suggests that your blood doesn't clot well, which means you'll bleed more during the procedure, making the work take longer.)
- _____ Do you bruise easily?
- _____ Do you have hemophilia?
- _____ Do you have multiple sclerosis?
- _____ Are you on any blood-thinning medication? If so, please indicate _____
- _____ Are you on steroids or corticosteroids, such as prednisone? If so, please indicate type and daily dosage _____

Doctor's name & phone number (**REQUIRED**) : _____

Name Phone Number

Medical Conditions	Medications

I attest that I have answered all questions above truthfully and accurately. I understand that if the provider finds otherwise, my service may be cancelled, my nonrefundable deposit forfeited, and the full fee for the service may be charged.

CLIENT SIGNATURE

DATE

PROVIDER SIGNATURE

DATE

IMPORTANT INFO TO KNOW AHEAD OF TIME

- **Please avoid alcoholic beverages for one week to your appointment.** This is to control bleeding while I work so as not to affect pigment retention; otherwise, it takes me longer and costs you more.
- **Please avoid aspirin, ibuprofen, Aleve, Vitamins A or E, niacin, and fish oil for one week prior to your appointment,** unless directed otherwise by your physician (list these in the medications section)
- **Please refrain from any caffeinated beverages for 48 hours prior to your appointment.** This is to control bleeding while I work so as not to affect pigment retention; otherwise, it takes me longer and costs you more.
- **Please do not work out or engage in other activities that heats the body for 48 hours prior to your appointment,** as doing so will cause your pores to expand, bringing more oil and salt to the skin's surface

Not following the above is likely to result in extra bleeding while I work, which will extend the length of the appointment. You will be charged \$100/hour for any additional time spent due to excess bleeding not accounted for by medical indications on your intake form.

- For **brow** and **eyelid** procedures, **please do not wear any makeup whatsoever, including tinted moisturizer or sunscreen, from the cheekbones up on the day of your appointment.**
- For **lip** procedures, **please do not wear any makeup whatsoever from the cheekbones down, including tinted moisturizer or sunscreen** on the day of your appointment
- **Please do not wax, tweeze, thread, sugar, pluck, or tint your brow or lip area for 72 hours prior to your appointment**
- **Please do not exposure your skin to the sun for 72 hours prior to your procedure**
- For **eyeliner** procedures, **please do not use an eyelash curler or perm or tint your lashes for 72 hours prior to your appointment**
- For **eyeliner** procedures, **please have any eyelash extensions removed a week prior to your appointment**
- Do not have any of the following procedures for at **least one month** before your appointment:
 - Chemical peels
 - Retin-A or retinol
 - Dermaplaing or microneedling
 - Laser hair removal near the treatment area
 - IPL or liquid nitrogen to treat spider veins or superficial skin growths near the treatment area
 - Botox, fillers, or other injectables near the treatment area
- For **lip tattoo**, **please do not have lip filler for at least 3 months** prior to your appointment
- You must have finished your **last dose of Accutane or chemotherapy** at least **6 months** prior to your appointment
- Please note that **you will need to avoid sun exposure and submerging your head in chlorinated, sea, or fresh bodies of water for at least two full months *after* your initial appointment, so plan accordingly**
- Please **wash your hair prior to your appointment**, because your time in the shower will be limited for the first week
- **Oregon law prohibits anyone else from coming with you into the treatment room**, so don't bring a buddy 😊
- **All client interactions are done via text**, including preappointment communications and treatment follow-up
 - Clients are asked to **confirm** their appointment by clicking on a link provided in a **text message 48 hours in advance**. This text comes from a "short code" number, such as 89985.
 - Clients **not confirming** within 48 hours may have their appointment **cancelled** and will **forfeit the nonrefundable deposit**.
- Please read the **"Before Your Service"** associated with each service on the website, **La-Bellissima.com** (also **ExpertBeautyPDX.com** or **HermosaChicaPDX.com**) for information to ensure safe & proper healing
- **Please Note:**
 - **48 hours' notice** is required for cancellation or changing your appointment time. **Your deposit is nonrefundable even if you cancel or change your time 48 hours or more in advance, for any reason.**
 - Clients **cancelling or changing** their appointment time **fewer than 48 hours in advance**, or **not showing up** may be **charged the full amount** of the service

- **Clients who are not adequately prepared** or who **have not followed the instructions** above, also found in the **Before Your Service** section of my website associated with each service **forfeit their deposit** and may have their **appointment cancelled** and may be **charged the full amount** of the service

ARRIVE ON TIME!

- In order to measure and design your new look, consult, apply anesthetic, and go over necessary forms, I need the full time allotted (up to **4+ hours for cosmetic tattoo**) for the appointment, so it's important that you arrive on time. I treat all clients as unique individuals and thus **cannot give you an exact time estimate for the length of your procedure**.
- Your appointment may be **cancelled** and you may be **charged the full amount** for the service if you are **more than 15 minutes late**. **TEXT ME AT 503-706-8641 if you are running late**.
- **PARKING:**
 - Allow **at least half an hour to find parking**, especially if you have an **SUV - Or take transit or Lyft or similar service**
 - **Two streetcar lines** (the A & NS northbound) run nearly in front of Sola, stopping at 10th & Glisan, across the street; the B & NS southbound stop just one block away, at 11th & Glisan)
 - **Longer term parking is unavailable at metered street locations**, and you will not be able to leave during the service to feed the meter or stop when your Parking Kitty ends so you can add more time; you are best off parking in a **lot** or **structure**
 - Clients with **SUVs** may have difficulty parking in a surface lot, so look for a structure instead
 - Parking structures or lots may be found at:
 - 955 NW Hoyt St., Portland, OR 97209 next door to Sola (warning: this **surface lot** is usually full, so please plan on searching elsewhere)
 - 475 NW 9th Ave, Portland, OR 97209 (**surface lot** at NW Glisan & Park)
 - 455 NW 12th Ave, Portland, OR 97209 (**surface lot** at NW 12th, bet. Flanders & Glisan)
 - 690 NW 6th Ave., Portland, OR 97209 (**surface lot** at NW 6th & Irving)
 - 1025 NW Station Way, Portland, OR 97209 (**structure** at NW Marshall & Station Way)
 - 1111 NW Davis St., Portland, OR 97209 (**structure** at NW 11th Ave. & Davis St.)
 - 1469 NW Johnson St., Portland, OR 97209 (**structure** at NW 15th Ave., bet. Kearney & Johnson)
- **PAYMENT & TIPPING:** Clients ask me this, so here you go: The **standard gratuity** for beauty service is 20-25%; it is customary for this to be calculated on the full price of the service (before any nonrefundable deposit), but not on any products. But, please note: gratuities are entirely optional; it is my pleasure to serve you!
 - Balances are due at the time of the appointment. I take **cash or any debit, Visa, MasterCard, or Discover card**. **Sorry, no AMEX ☹**

I understand and agree to the above.

Client Signature

Date

Print this form, fill it out, and take photos of Pages 1-4. Please send them to me via WhatsApp, Viber, SMS to 503-706-8641; if your appointment is accepted, please bring the entire form with you to the appointment