



ELYSIAN
AESTHETICS & WELLNESS CLINIC

Areola - Medical & Consent

Appointment Date: _____

The following confidential medical information will be property of Elysian aesthetics & wellness (About Face Ink LLC.) This is required for the benefit and safety of the client in obtaining any and all procedures performed by Elysian aesthetics & wellness. 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: _____ DOB: _____ Age:

_____ Email:

Address:

_ Phone: _____ Cell / Landline Alt Phone: _____ Cell /

Landline

Cell phone provider _____ (This allows you to receive a courtesy reminder by text about your scheduled appointments).

Emergency Contact Name: _____ Phone:

_____ How did you hear about us?

_____ ***ARE YOU CURRENTLY**

UNDER REGULAR THE CARE OF A PHYSICIAN? Yes / No

If YES WHY?

Physician Name: _____

Phone Number _____

Medical History

1.	Yes	No	Are you pregnant or nursing? No tattooing allowed.	27.	Yes	No	Do you have dry eyes?
2.	Yes	No	Do you menstruate? If yes: Next cycle date? _____	28.	Yes	No	Do you wear contact lenses? Must remove for eyeliner procedure
3.	Yes	No	Have you had any alcohol in the last 24 hours? Makes you sensitive and bleed more.	29.	Yes	No	Do you have glaucoma or any other eye disease?
4.	Yes	No	Do you use tobacco? Smokers tend to heal slower. This will affect the timing of your follow up apt.	30.	Yes	No	Do you have prosthetic implants? List on next paper.
5.	Yes	No	Have you ever had permanent cosmetics or tattoos? List on the next page when and where.	31.	Yes	No	Do you have a tendency to faint or become dizzy?
6.	Yes	No	For previous permanent cosmetics or tattoos, did you have any problems with healing? List on next page.	32.	Yes	No	Do you have arthritis?
7.	Yes	No	Have you had any type of tattoo removal? List on next page.	33.	Yes	No	Do you have a thyroid condition? May need more touch ups.
8.	Yes	No	Do you have Botox or fillers? List on next page when and where. For eyebrows: Regular Botox users must wait 2 weeks before tattooing. Others must wait until it wears off.	34.	Yes	No	Are you anemic? Iron deficiencies can heal very light and possibly need more touch ups.
9.	Yes	No	Have you had a laser or chemical peel within the last 6 months?	35.	Yes	No	Do you take prescription drugs? List on next page.
10.	Yes	No	Is your skin oily? May need more touch ups.	36.	Yes	No	Are you under treatment for depression or anxiety?
11.	Yes	No	Do you routinely use Retin-A, glycolic, or other exfoliating products?	37.	Yes	No	Are you now, or have you ever been on the acne treatment Accutane? Must wait one year before having tattoos.
12.	Yes	No	Do you intentionally tan? Direct sun or tanning bed?	38.	Yes	No	Do you have any type of herpes? Cold sores or fever blisters? Will need to take medication before any treatment on or near the lips.
13.	Yes	No	Do you scar easily for minor skin injuries?	39.	Yes	No	Do you have any problems healing? List on next page.
14.	Yes	No	Do you hypo-pigment? (Lack of pigmentation after skin injury)	40.	Yes	No	Do you have any medical condition that has resulted in a medical professional requiring you to pre-medicate with an antibiotic prior to any invasive procedure including dental work?
15.	Yes	No	Do you hyper-pigment? (Dark spots from skin injury)	41.	Yes	No	Do you have any seizure related conditions?
16.	Yes	No	Do you tend to develop keloids or hypertrophic scars? (Raised or bubbled scars.)	42.	Yes	No	Do you personally have any history of cancer? List on the next page?
17.	Yes	No	Do you have a latex allergy?	43.	Yes	No	Are you currently undergoing radiation or chemotherapy treatments? Have you in the past?
18.	Yes	No	Are you sensitive or allergic to hand creams or body lotions?	44.	Yes	No	Have you had any surgeries in the past year? Elective and non elective. List when and where on the next page.
19.	Yes	No	Are you allergic or sensitive to any metals? Example: Metals used for jewelry.	45.	Yes	No	Do you have high or low blood pressure? May need more touch ups.
20.	Yes	No	Do you have allergies to cosmetics or fragrances?	46.	Yes	No	Do you have a history of stroke or heart attack?
21.	Yes	No	Do you have any skin sensitivity to adhesives bandages or tape?	47.	Yes	No	Do you have any heart conditions?
22.	Yes	No	Do you have a history of skin sensitivity?	48.	Yes	No	Do you have a pacemaker?
23.	Yes	No	To your knowledge are you allergic or resistant to over the counter numbing products.	49.	Yes	No	Do you consume aspirin daily? When was the last time you took it? _____
24.	Yes	No	Are you sensitive to petroleum based products or Vitamin E?	50.	Yes	No	Are you diabetic? If so Type 1 or Type 2. May heal slowly and may need more touchups.
25.	Yes	No	Are you HIV positive? Do you have Aids?	51.	Yes	No	Do you have any autoimmune disorders? May need more touch ups.
26.	Yes	No	Have you experienced Hepatitis or Jaundice during the past 12 months?	52.	Yes	No	Do you bleed excessively from minor cuts or been diagnosed as a Hemophiliac?

Elysian aesthetics & wellness Policies, 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. 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. **Elysian aesthetics & wellness 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 _____

I, _____, recognize and acknowledge, that I have been given the full opportunity to ask Elysian aesthetics & wellness and it's practitioners any questions which I might have about the obtaining of any permanent cosmetic procedures. 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 _____ I understand that Elysian aesthetics & wellness and its practitioners DO NOT include a free follow-up appointment(s) in the initial procedure price. Each follow-up appointment is a separate fee. Follow-up appointments are needed in most cases to complete, adjust or fine-tune the initial procedure or a maintenance procedure. All "basic" follow-up appointments will be charged a fee of \$200 - \$275, depending on your service. After 12 weeks the follow-up fee will increase to \$275. These fees are guaranteed for 12 weeks following your procedure date. After one full year since initial procedure, maintenance fees will apply.

Initial _____ All fees for my procedure/s have been explained to me, including the initial procedure fee, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand that the total fee for services rendered is due at the time of the initial procedure and that there WILL BE separate fees for any touch-up/follow-up work.

Initial _____ I understand that colorboost will be expected in the future to keep my procedure looking fresh. I further understand that colorboost are recommended as needed to keep the color looking fresh.

Initial _____ I hereby authorize Elysian aesthetics & wellness to take photographs of the work performed both before and after treatment to be maintained in a file.

Initial _____ I further authorize the use of said photographs to be used to show potential clients as an example of work performed by Elysian aesthetics & wellness for the purpose of advertising.

Initial _____ I understand that Elysian aesthetics & wellness is not a medical facility is not bound by HIPPA law, but that diligent effort is made to protect my privacy and personal information.

Initial _____ Should I have diabetes, epliepsy, hemophila, a heart condition, or any other medical or skin condition that can interfere with the application or healing of my Areola/Nipple 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 procedure performed.

Initial _____ I am not the receipient 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.

Initial _____ I do not have a mental impairment that may affect my judgement in getting my permanent cosmetics.

Initial _____ Allergic reactions to pigment is always a possibility. A patch test is possible however it does not ensure a client will not have an allergic reaction. I release the technician from liability should I develop an allergic reaction to the pigment.

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 or dyes, used in the procedure; I understand and accept the risk that such a reaction is possible.

Initial ____ I understand that complications are possible when receiving the Areola/Nipple procedure, particularly in the event that post-procedural instructions are not followed.

Initial ____ I understand that there may be known and unknown risks and hazards related to the performance of the procedure and I understand that no warranty or guarantees have been made to me as to the result.

Initial ____ I accept full responsibility for determining the color, shape and position of the pigments that will be applied. I understand that the actual healed color of the pigment will be modified to an extent due to my own unique undertones.

Initial ____ Due to the fact your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about Areola/Nipple tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have any and all questions answered, Elysian aesthetics & wellness and its Practitioners employ a NO REFUND policy.

Initial ____ I understand that there is a no refund policy. If for some reason my pigment does not stay or needs more touchups, I agree to contact Elysian aesthetics & wellness for further discussion regarding additional applications. I am fully aware that no refunds will be received.

Initial ____ I understand that the Areola/Nipple procedure will 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 ____ I understand that Areola/Nipple tattooing is an art form and NOT an exact science, and I acknowledge that no guarantees have been made to me as to the result of this procedure. I understand that some skin types will not accept or heal pigment in a consistent manner. Skin is unique and Elysian aesthetics & wellness and its practitioners cannot in any way predict how my skin may react to the procedure or how it may or may not accept color. I also realize that Elysian aesthetics & wellness and its practitioners cannot predict how many visits it will take to complete my procedure. Additional fees apply for each visit.

Initial ____ I understand that this is a tattoo and with time, pigments can and will fade or change according to metabolism, lifestyle, skin type, medications, age, smoking, alcohol, sun exposure, creams and lotions.

Initial ____ Breast altering procedures, such as plastic surgery, implants, and/or injections may alter or degrade my Areola/Nipple procedure. It has been explained to me that such changes are not the fault of Elysian aesthetics & wellness or its practitioners. I further understand that such changes may not be correctable through additional Areola/Nipple procedures.

Initial ____ I am fully aware that all of my procedures will be performed by Elysian aesthetics & wellness and its practitioners. I hereby agree to waive and release to the fullest extent permitted by law Elysian aesthetics & wellness and its practitioners from ALL liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors, or assigned may have for personal injury or otherwise, including and direct/and or consequential damages which result or arise from the application of my Areola/Nipple tattoo, whether caused by negligence or fault of Elysian aesthetics & wellness or its practitioners.

Initial ____ I agree to reimburse Elysian aesthetics & wellness and its practitioners for any attorneys' fees and costs incurred in any legal action I bring against Elysian aesthetics & wellness or its practitioners in which Elysian aesthetics & wellness or its practitioners is the prevailing party.

Initial ____ I consent to the application of the procedure and understand its attendant risks, and to any actions or conduct of Elysian aesthetics & wellness or any of the practitioners associates reasonably necessary to perform the procedure(s).

Initial ____ Elysian aesthetics & wellness and its Practitioners has the right to refuse service to anyone at any time for any reason.

Initial ____ This contract is to remain in effect for as long as I remain a client of Elysian aesthetics & wellness and its Practitioners and all its contents apply whenever work is being performed on myself by Elysian aesthetics & wellness and its Practitioners. It is my responsibility to inform Elysian aesthetics & wellness and its Practitioners if any medical changes have occurred in my medical history.

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

I acknowledge by signing this consent form, I have been given the full opportunity to ask any and all questions about Areola/Nipple Tattooing, its process, and the risk involved from Elysian aesthetics & wellness and its practitioners. The

have Areola/Nipple Tattooing performed is my own and I understand and accept all risk involved, therefore releasing Elysian aesthetics & wellness and its practitioners from any liability. Elysian aesthetics & wellness practitioners are artist and highly trained, experienced and skilled artist and makes no claims to anything more. Areola/Nipple Tattooing is not a procedure, but an art form, the art of tattooing. NO REFUNDS.....NO EXCEPTIONS.

Client Signature

Date

I have reviewed the information with my client or clients representative.

About Face Technician Signature

Date

**To be completed by Elysian aesthetics & wellness
Please bring with you to your procedure.**

OFFICIAL FORMULA RECORDS TO BE HELD BY Elysian aesthetics & wellness

Name of client: _____

Date of procedure: _____

Fee for this appointment _____ Quote for the follow – up: _____

All fees for my cosmetic procedure/s have been explained to me, including today's fees, touch-up fees and maintenance fees. These fees are understood and agreed upon. I understand the total fee, minus the deposit taken in advance is due at the time of service. This agreement has no expiration and will be in effect with each service completed by Elysian aesthetics & wellness.

Signature: _____ Date: _____

Policy Acknowledgement completed? _____

Procedure Description: Unilateral Areola, Bilateral Areola, Scar Camouflage

Previous Areola/Nipple Tattoo by another artist? No _____ Yes _____ If Yes, how long ago? _____

Machine: _____ Power Source: _____ Speed: _____

Needle Sizes: _____

Needle Manufacturer: _____ Pre-Numbing Time: _____

Name of topical: Pre-Numb _____ 2nd Numbing: _____

Bleeding: _____ Swelling: _____ Pain Tolerance: _____

Recommended follow up dates: _____ & _____

Procedure Performed by: _____

Date: _____

Brand of ink/pigment used:

Areola diameter on stencil: _____ Nipple diameter on stencil: _____

Nipple:

Areola:

Nipple Shading:

Starburst:

Montgomery Glands:

Veins:

