

## CLIENT INFORMED CONSENT

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**Client Name:**

**DOB:**

**Contact email:**

This document is designed to provide you with the essential information necessary for making an informed decision regarding the application of semi-permanent cosmetics. Should you have any queries or require additional clarification, please do not hesitate to reach out.

Micropigmentation is a process that involves implanting pigment into the dermal layer of the skin, akin to a form of tattooing. It is essential to have a thorough understanding of the procedure, the potential risks involved, and the required aftercare prior to proceeding.

All instruments that enter the skin or come in contact with body fluids are sealed and sterilised, and are disposed of after use. Cross contamination guidelines are strictly adhered to.

Both Rachel and the treatment venue are licensed by the local council for the procedure. You can find the certificates at the Venue and both are also displayed on the West Lindsay council license register.

### Possible risks, hazards or complications

**Pain:** There can be low level pain even after the topical anaesthetic has been used.

**Anaesthetics** work better on some people than others. **Infection:** Infection is very unusual. The areas treated must be kept clean and not touched with dirty hands. See “After Care” sheet for instructions on care.

**Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. This is the purpose of your retouch.

**Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.

**Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.

**Anaesthesia:** Topical anaesthetics are used to numb the area to be tattooed. Emla 5% ointment is used please declare if you are known to be allergic.

**MRI:** Because pigments used in permanent cosmetic procedures contain iron oxides, you will need to inform your GP if you are planning to have a MRI.

**Allergic Reaction:** Although allergic reactions are very rare in permanent cosmetics a patch test is not a guarantee that you will not have an allergic reaction. A patch test must be performed 48 hrs prior to your procedure taking place.

PATCH TEST A Patch Test must be performed 48 hours before treatment Has a patch test been performed during the consultation.

Yes  
substances tested: Emla 5% numbing cream (behind left ear)  
Tina Davies pigment: (behind right ear)

Client declaration

I hereby declare that I have agreed to undergo a patch test for safety purposes before receiving my semi-permanent make-up treatment. I understand the importance of this procedure and commit to informing Rachel at Accentuate of any adverse effects I may experience prior to my treatment.

Statement of consent –

Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email Rachel@accentuate-beauty.co.uk .

I have agreed to receive patch tests as recommended to me prior to the treatment.  
I fully understand that while this practice significantly mitigates the risk of adverse reactions, it cannot categorically eliminate them.

I fully understand that I must monitor that area tested for at least 48 hours and that it is imperative to declare any reactions or irritations to Rachel via email at rachel@accentuate-beauty.co.uk prior to the treatment date.

If I have any adverse reactions to the patch tests then I am fully aware that I must seek medical advice from a professional such as GP or Pharmacist and in the rare case of severe allergic reactions I must seek attention from emergency services immediately.

Signed..... Date.....

## **What's normal?**

**Swelling, itching, scabbing, light bruising and dry tightness.** Ointment will be provided and is a nice relief for swelling and bruising.

**Too dark and slightly uneven appearance.** After 2-7 days the darkness will fade and once swelling subsides unevenness usually disappears. Any adjustments will be made during your retouch appointment.

**Colour change or colour loss.** As the procedure area heals the colour will soften and lighten and sometimes seem to disappear. This is the purpose of the retouch appointment and is why the retouch is necessary. The procedure area has to be completely healed before a retouch can be performed. This takes at least four weeks.

**Needing a colour boost later.** A touch up may be required 1 to 3 years after the initial procedure depending on your skin type medications and sun exposure and life style. We recommend a retouch up with 4-8 weeks after the first session (included in today's price) and every few years to keep them looking fresh and beautiful.

## **Client Declaration**

**I understand that I will have the opportunity, within the time constraints of my appointment, to approve the design and colour of the semi permanent make up to be applied, and I accept responsibility for same.**

**I understand that the implanted pigment colour can slightly change or fade over time due to circumstances beyond control and It is recommended to maintain the colour with future applications.**

**I acknowledge that the proposed procedure involve risks and have possibilities of complications during and/or following the procedures such as: infection, poor colour retention.**

**I have been quoted the cost of today's appointment which includes one (1) retouch to be taken within 3mths of the initial procedure. After 3mths a fee will apply. I certify that I have read or have had read the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize Rachel Rossinghton of Accentuate PMU as my permanent cosmetics technician to perform semi-permanent makeup procedures.**

Signed..... Date.....

## Client Medical Declaration:

I understand that it is important to answer each of the questions honestly and not withhold any information as failure to do so will increase the risk of infection, bleeding, poor healing, scarring and compromising the end results.

I also understand that it is my responsibility to update any changes in medical history to Rachel Rossington of Accentuate PMU before every treatment.

Do any of the following apply to you: **please Circle relevant answer.**

Acne/Accutane YES/NO

Known Allergies YES/NO

**IF YES: Please clarify .....**

Autoimmune Disease YES/NO

Currently Breastfeeding YES/NO

Undergoing treatment for Cancer YES/NO

Diabetes YES/NO

Eczema YES/NO

Epilepsy YES/NO

Glaucoma YES/NO

Haemophilia YES/NO

Herpes Simplex/Cold Sores YES/NO

Hepatitis YES/NO

Heart Condition YES/NO

High Blood Pressure YES/NO

High Temperature YES/NO

HIV Positive YES/NO

Infectious Disease YES/NO

history of Issues With Wound Healing YES/NO

Keloid Scarring YES/NO

Currently pregnant YES/NO

Take Steroid medications YES/NO

Are you taking regular prescribed blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, if so please list them below YES/NO

Signed ..... Date.....

Model- photography Release Consent

Accentuate PMU will take “Before” and “After” photos that will be kept on file, these will be stored along with your personal information safely under GDPR (May 25th 2018). We would like your permission to use these photos for advertising. For example, in portfolios, case studies, online and in advertisement, etc. Your consent is necessary regarding this. Please tick and indicate with your signature if you would like your photos used or not used in advertising.

In the context of case studies and promotional advertising models, your consent is requested to share certain details with relevant parties. This includes photographs and information related to your individual circumstances, such as skin conditions, contraindications, age, and treatments performed. Rest assured, the information will only be shared with parties directly involved and will not be disclosed to any third parties. Your personal contact information will remain private and will not be shared on any public platform. Additionally, all photographs will be shared in a manner that ensures your identity remains unidentifiable.

Your consent \*

- ☐ YES, I consent
- ☐ NO, please do not use

Signed.....

I have read and understand the contents of each statement in this document. I acknowledge that there are no warranties or guarantees with respect to the benefits to be realised from, or consequences of the aforementioned procedures. I further acknowledge that at the time of signing this consent I am of sound mind and capable of making decisions for myself. I acknowledge that obtaining the semi permanent make up is my choice alon and that I consent to the procedure and to its attendant risks.

Signed..... Name.....

Date.....

end