

## Permanent Cosmetics by Chong, LLC MEDICAL HISTORY FORM

(Please Print)

Today's date:			PCP:			
PATIENT INFORMATION						
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):		Birth date: / /	Age:
Street address:			Mobile phone no.: (    )		Home phone no.: (    )	
P.O. box:		City:		State:		ZIP Code:
Occupation:		Employer:			Employer phone no.: (    )	
Chose clinic because/Referred to clinic by (please check one box):			<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan <input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other		
Other family members seen here:						

MEDICAL HISTORY			
List all medications you are currently taking, including Retin A, Glycolic Acid and Acutane: _____			
List any drug, makeup, skin, or food allergies: _____			
Have you recently undergone a skin peel? _____			
What products do you use for skin care? _____			
<b>Do you have or have you had any of the following conditions (answer yes or no):</b>			
_____ Abnormal Heart Condition	_____ Dry Eye		
_____ Cold Sores	_____ Corneal Abrasions		
_____ Herpes Simplex	_____ Eye Surgery or Injury		
_____ Hemophilia	_____ Blepharoplasty (eyelid surgery)		
_____ High or Low Blood Pressure	_____ Visual Disturbances		
_____ Prolonged Bleeding	_____ Cancer		
_____ Circulatory Problems	_____ Tumors/Growths/Cysts		
_____ Epilepsy	_____ Chemotherapy/Radiation		
_____ Diabetes	_____ Are you pregnant?		
_____ Fainting Spells/Dizziness	_____ Hepatitis		
_____ Cataracts	_____ Do you wear contact lenses?		
_____ Glaucoma	_____ Do you use tobacco products?		
_____ When was your last eye exam? ___/___/___    Examining Physician: _____			
_____ Are you using any eye drop or other ocular medications?			
_____ Have you ever experienced hyperpigmentation from an injury?			
_____ Are you currently taking aspirin or ibuprofen?			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.: (    )
			Work phone no.: (    )
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.			
_____ <i>Patient/Guardian signature</i>			_____ <i>Date</i>

Allergies \_\_\_\_\_ Dental Hx \_\_\_\_\_  
Medications \_\_\_\_\_ Fever Blisters \_\_\_\_\_ Surgical Hx \_\_\_\_\_  
Prior Tattoo \_\_\_\_\_ Patch Test \_\_\_\_\_ Prior Tattoo Refused \_\_\_\_\_  
Medical History \_\_\_\_\_

Micropigmentation: I have been counseled by Chong Eason with regard to the procedure of implanting color pigments and or inks for the purposes of cosmetic and or corrective makeup. I have been counseled specifically with regard to possible allergy to A) Local Anesthetics or their preservatives and to B) Pigments (especially red and yellow) and latex allergy. I will report any adverse reactions following my procedure to Chong Eason without delay. I understand and agree that my desired procedure is a form of tattooing and is an elective cosmetic procedure and not medically necessary. I understand that the final color cannot be guaranteed but that Chong Eason will make every effort to provide a pleasing result. I understand that Chong Eason cannot be responsible for any time lost from my work.

I am over 18 years of age and hereby authorize Chong Eason to apply permanent cosmetics, also known as tattooing to me. I elect to have this procedure performed understanding that it is for cosmetic purposes. I understand this procedure is not easily reversed if at all. Typical results have been explained to me; however, complications may occur and no guarantee is expressed or implied as to the final result of the procedure. I understand that procedures involving the eyelids have a risk of corneal abrasion or sensitivity to light and infection does occasionally occur. All pigments used by PCBC are either organic or inorganic or a blend of both and that the FDA has not approved cosmetic or tattoo pigments.

I have informed Chong Eason of any physical or psychiatric health problems that would prevent me from having this procedure performed and I know of no reason why I should not have this procedure performed on me. I understand that temporary redness, swelling, bruising and discomfort occur from this procedure and that pigment color cannot be guaranteed due to tone, color and texture of my skin. Possible complications that could occur include, but are not limited to, risk of infection, allergy or sensitivity to pigment or local anesthetics and inconsistent color and possible fading as explained to me by Chong Eason. I have been given pre and post procedure instructions and will follow those instructions. I will also seek medical attention as prescribed by Chong Eason if necessary and understand that I am responsible for the full payment of expenses incurred in the event that this is necessary. I give my permission to photograph my face and this photograph may be used by Chong Eason in her portfolios and website for educational and advertising or lecturing purposes without any present or future payment to me.

This cosmetic, elective, non-medical procedure is being performed under standard sanitizing and sterilizing methods recommended by the Center for Disease Control. PCBC disposes of all probes used once on a client in front of that client. The device for implanting pigment that PCBC uses can be disassembled and the non-motor parts are discarded.

In consideration of Chong Eason solely, or together with her apprentice, providing me the service requested, I for myself, my spouse, legal representatives, heirs and assigns, hereby release, waive and discharge Chong Eason (dba Permanent Cosmetics by Chong) from liability for, loss or damage on account of, injury to my person either physically or emotionally. I understand two to three procedures may be necessary to achieve the desired effect and agree to complete my treatment and payment plan.

I expressly agree that this consent, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina, and that if any portion there of is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I have read this consent and understand all its terms and execute this release voluntarily and with full knowledge of its significance. I have been provided with instructions how to care for my tattoo and have no further questions.

My reason for seeking ( ) permanent cosmetics or corrective tattooing \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

E-Mail \_\_\_\_\_

## Permanent Cosmetics by Chong ,LLC

### Disclosure and Consent for Tattoo and Dermal Procedures

I understand that future laser treatments or other skin altering procedures, such as plastic surgery, implants and injections may alter and degrade my permanent makeup. I further understand that such changes are not the fault of ( Chong Eason ). I further understand that such changes in my appearance may not be correctable through other permanent makeup procedures.

### Payment and Refund Policy

The client agrees to pay a non refundable deposit of \$100, which is due upon the scheduling of the procedure. The balance of the fee is due and payable by the start of the procedure.

If Chong Eason starts your procedure and you decide not to go through with the procedure due to any circumstance, your payment will not be refunded or if at the time of the procedure you have Chong Eason stop and want to reschedule for a later date you are subject to additional charges for labor, time, and products. If you can't make your appointment you must call at least 24 hours in advance to avoid loss of your deposit.

Price includes one complementary touch up within 6 weeks.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Permanent Makeup Facts & What to Expect**

1. The Day After: When your new makeup is completed it will appear too dark. This is temporary. You are seeing pigment in both layers of your skin (epidermis and dermis). The top layer of your skin sheds and renews itself every few days and with this natural process the pigment in the top layer will peel off. This initial dark look will not last. Only the color in the dermis (second layer of skin) will be long lasting. If you are happy with your new permanent cosmetic color and darkness when you leave your first session, then you will be unhappy within one to three weeks. For this reason, it is important for you to be patient and let your skin heal.

2. Permanent makeup is a layering process of carefully implanting microscopic colors into the dermis. In cases of camouflaging scars and corrective makeup the goal can only be achieved through repeated applications and refinements to the previous applications after healing. Most people usually want MORE makeup rather than LESS. This is common because it is better to apply LESS makeup than TOO MUCH. A rule of thumb is: eyebrows lose 20% of their original color, eyeliner loses 10% of their original color, and lip liner/ lip color lose 20% of their original color.

3. Healing: For the first 2-3 days following eyebrows and eyeliner applications. And for the first 3-7 days following lip liner or lip color, you will have swelling, redness and tenderness in the area of your newly applied makeup. It is important to pamper your new makeup and keep a protective veil of petroleum jelly over the affected area. This prevents scab formation and drying, which can lift out the newly implanted color. Wear sunglasses and sun screen when outside.

4. Touch-up Visit: This is exactly what the name implies. Your permanent makeup will more likely than not need to be touched up within the first year following your initial two visits. The goal of this visit is to fill in any areas that need enhancement. Often times this is the "cupids bow" of the lips or areas of eyeliner or eyebrow makeup that have healed with a loss of pigment. Every person is unique and we cannot predict how your makeup will appear. Be assured that I will do my very best to make you happy with your investment in permanent makeup. Your cooperation is vital.

AGREEMENT: I have read the permanent makeup facts and desire the application of permanent makeup. I will cooperate with Chong Eason and/or her staff during the application of my makeup and understand that the desired result is a process which requires at least two applications or more as may be necessary including, changes in shape and color of my makeup. I am eighteen years or older and have no reason to believe that I should not have permanent makeup applied. I understand that the process is permanent and it is difficult or almost impossible to remove completely.

Signature\_\_\_\_\_

Print  
Last Name\_\_\_\_\_ First Name\_\_\_\_\_

Procedure Date \_\_\_\_\_ Procedure \_\_\_\_\_

YOU WILL NOT BE ABLE TO DONATE BLOOD FOR ONE YEAR.\* READ ALL MATERIAL THOROUGHLY.\*  
AVOID ALCOHOL AND EAT PROPERLY FOR 24 HOURS BEFORE PROCEDURE.\* ASK ANY QUESTIONS YOU  
HAVE BEFORE TREATMENT.\* THERE IS NO SUCH THING AS A STUPID QUESTION.

#### 10 PRE PROCEDURE INSTRUCTIONS

1. Use basic soap and no moisturizers for several days prior to your procedure. Allow 2 hours for your makeup procedure. Do not take any medications prior to coming. Eat well before procedure.
2. If eyeliner procedure, have someone drive you home and not operate a vehicle yourself for 8 hours.
3. Do not wear contact lenses, as you will not be able to wear them for 48 hours.
4. Do not tweeze, wax or have electrolysis or get sunburned for one week prior to treatment.
5. Lip liner and full lip clients are advised to take Lysine prior to appointment. Dosage : 2x day for 7 days.
6. If you have had fever blisters in the past you MUST obtain a prescription for Zovirax prior to procedure.
7. If you are a lip client, and have Mitral Valve Prolapse, you MUST obtain a prescription for Prophylactic Antibiotics.
8. Do not use aspirin or ibuprofen (Advil) for 2 weeks prior to treatment. Use Tylenol.
9. You can take extra vitamins and calcium prior to your appointment to help healing and reduce swelling.
10. Do not take codeine prior to treatment. You can take Benadryl unless you have a Thyroid disease.

#### 10 POST PROCEDURE PROTECTIVE INSTRUCTIONS

1. Clean area several times a day by splashing cool water the reapply petroleum jelly for 4-7 days. If any itching occurs, do not scratch. It is natural that some flaking will occur. DO NOT PICK / SCRATCH FLAKES OR SCABS.
2. DO NOT go into sun or swimming pool for 2 weeks. If you do go into the sun use an SPF 15- 25 to protect your face.
3. Take Advil or Tylenol as necessary for discomfort. Cold packs to the procedure area can be used for the first 24 hours.
4. You may shower on the day following the procedure as usual.
5. You can expect swelling, redness, bruising, and blood shot eyes following eyeliner procedure. Please call Chong Eason at (704)453-3202 if you have any questions.
6. Operate a motor vehicle after the procedure at your own risk. DO NOT look into the rearview mirror at your new makeup. Wait until you get home.
7. If eyeliner procedure is done then a new tube of mascara is a MUST.
8. Lip liner clients should continue to use Lysine (2 times a day for 7 days) or Zovirax according to your doctor's directions.
9. RETIN-A and facial peels may remove permanent cosmetic color, so avoid applying these over your permanent cosmetics.
10. If you have any questions or concerns, call Chong Eason. You agree to keep your appointment for follow up in two to four weeks. Intra-dermal pigmentation is a layering process and requires two or more sessions for the best possible results.

NOTE: Treated area should be surface healed within 5-7 days however some individuals may take longer. It is normal to lose approximately one third of the color during the eyebrow and up to 20% of the lip color during the healing process. When you leave today, the color may be a shade too dark, in 3- 5 days it will look too light (on lips, some believe they have lost the color). In a week to 10 days following your treatment the color will begin to show more. The color will appear soft and gentle when healed completely because the new outer skin will contain no color and you will be seeing the color in the dermis inner skin through the new dermis.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

