LOANN'S BROW ART STUDIO, LLC : Client Consent Record with Health Questionnaire

Body Art Facility: LoAnn's Brow Art Studio, LLC

Facility Address: <u>1801 Haggerty Road</u> Facility Zip Code: <u>48390</u> City: Commerce Township Facility Telephone Number: 248-924-5450

Client Body Art Record and Consent Form

	MICROBLADING
re	LOANN'S
-	BROW ART STUDIO
	PRAMANENT MAKEUP

Age/Date of Birth:
Telephone: ()
E-mail:

If the client is a minor, the following must be included in the file:

 \Box Proof of parental or legal guardian identification in the form of photo identification. Acceptable forms of ID include a driver's license, a passport, or state or government-issued identification that includes the parent's or legal guardian's name, picture and date of birth.

□ A copy of the minor's birth certificate and/or court document verifying the parent's or legal guardian's relationship with the minor.

 \Box A copy of the minor's photo identification. Examples include passport, state identification or driver's license, or school ID. <u>Note:</u> The minor's parent or legal guardian must execute the written informed consent in the presence of the body art technician performing the body art procedure or another individual working in the body art facility.

Risks, Effects, and Permanence: A tattoo is a permanent mark or design made on skin with pigments that are inserted by needles piercing the top layer of the skin repeatedly. A piercing is the insertion of jewelry into a permanent opening made in a part of the body with a needle. Branding involves applying extreme heat to the skin in order to create a permanent, burned image or pattern. Body art procedures may cause slight bleeding and pain. Because body art procedures breach the skin, infections and other complications are possible. In some people, tattoo pigments and piercing jewelry can cause allergic skin reactions. Infections can occur from use of unsterile equipment or not following proper aftercare. A procedure done with contaminated equipment may cause the contraction of various blood borne diseases such as hepatitis B, and HIV. Other skin problems such as granulomas (nodules that may form around material the body perceives to be foreign) or keloids (raised areas caused by an overgrowth of scar tissue) can occur for certain people. Other risks of piercings and tearing or trauma if body jewelry becomes caught and torn out. Tattoos can cause complications with MRI (magnetic resonance imaging) procedures such as an interference with the image and swelling or burning after the MRI. Tattoos may be able to be removed with laser technology, but removing a tattoo usually involves several painful and expensive treatments and complete removal without scarring may not be possible.

<u>Client Health Questionnaire</u>: By signing below, I acknowledge that I have been asked the about the following conditions by my body art practitioner, and I have honestly and correctly indicated if I do or do not fall into any of the risk categories to the best of my knowledge, and have been provided with additional, applicable information:

Yes/No

- □ □ History of hemophilia or excessive bleeding
- □ □ Diabetes or other conditions which may affect blood circulation and/or ability to fight infection
- □ □ History of skin disease, skin lesions, or skin sensitivities to soaps or disinfectants
- □ □ History of skin cancer at site of service
- History of allergies, anaphylactic reaction, or adverse reactions to latex, pigments, dyes, disinfectants, metals or other sensitivities related to body art procedures
- \Box \Box History of epilepsy, seizures, fainting or narcolepsy
- \Box \Box History of eye disease
- □ □ Treatment with anticoagulants or other medications that thin the blood and/or interfere with blood clotting
- □ □ Current pregnancy and/or breast-feeding
- □ □ History of jaundice or hepatitis
- □ □ History of AIDS or positive HIV test
- History of any known medical condition which would increase susceptibility to infection or impair the healing process (e.g. immunosuppression, etc.)
- Any other information that would aid the body art technician or any other individual involved in providing education on the client's suitability for receiving a body art procedure and the client's body healing process

Any client reporting one or more of the above conditions is advised to consult their physician before undergoing a body art procedure.

LOANN'S BROW ART STUDIO, LLC : Client Consent Record with Health Questionnaire Client's Signature Date Technician's Signature Date Client Consent: By signing this form I acknowledge that I: • have read and understand the written information regarding the risks, effects and permanence of body art procedures, • have received a copy of the Disclosure Statement and Notice for Filing Complaints, • have been provided with verbal and written aftercare information, • am not under the influence drugs or alcohol, and • have been provided with a copy of this record
In addition, this record serves as signed documentation that the body art facility performing your tattoo, piercing, and/or branding is a licensed facility by the State of Michigan. It is recommended that individuals or organizations visit <u>www.michigan.gov/bodyart</u> to determine current the license status of the body art facility before proceeding with any body art procedure. Date of Body Art Procedure: Body Art Technician Performing Procedure: LoAnn (Loan Nguyen)
Please describe the DESIGN and LOCATION of the body art procedure: (Eyebrows Microblading) (Eyebrows Powder Brows) (Eyeliner Tattoo) (Lip Tattoo) (Scalp Micropigmentation) (Areola Tattoo) Pigments/ink color used (tattoo): (Light Brown) (Medium Brown) (Dark Brown) (Black)
Client/Parent/Legal Guardian Signature Date
Body Artist Signature Date The following may also be used to indicate the location of the body art: $\int \int $
Please include any known complication the client has with any tattooing, branding or body piercing performed at this body art facility.