

**EMILIA BEAUTY ART CLIENT PERSONAL
RECORD & MEDICAL HISTORY**

Name _____ Date of Birth _____

Address _____ Referred By _____

Email _____ Phone _____

MEDICAL HISTORY (please mark X for anything You have)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Keloid Scars | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dermatitis/Eczema |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> AIDS (HIV) | <input type="checkbox"/> Iron Deficiency Anemia |
| <input type="checkbox"/> Latex Allergy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Accutane | <input type="checkbox"/> Blood Thinner | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Skin Disorder(s) |
| <input type="checkbox"/> Botox, if Yes, when did you have last have Botox? _____ | | <input type="checkbox"/> Are You planning more Botox _____ | |

Anything You think I may need to know? Also list known allergies:

I acknowledge that all information contributed by me is true, to the best of my knowledge and that the present condition of the area that has been treated or will be treated is stated on this record. I fully understand that Emilia Beauty Art only provides beauty services; there is no medical treatment involved.

I realize that with any beauty service there may be certain risk which must be understood. I will be fully responsible for any and all results which may arise from these beauty services. I do hereby agree to hold Emilia Beauty Art, their employees, and agents, free from any and all claims or suits for damage, injuries or complications resulting from any beauty services provided by Emilia Beauty Art.

The nature and purpose of the beauty services, the risks involved and the possibility of complications have been fully explained to me. I understand that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I am aware that my before and after photos will be taken. I hereby give permission for images of myself, captured through videos and photos to be used solely for the purposes of Emilia Beauty Art promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand the permanent skin pigmentation procedure carries treatments including, but not limited to: infection, scarring, inconsistent color, pigment migration, farming and fading. Cornea abrasion are a rare side effect, especially if I rub or scratch my eyes or apply contacts too soon after an eyeliner procedure. I understand the actual color of the pigment may slightly modify due to the tone and color of my skin. I fully understand this is tattoo process and therefore not an exact science, but an art. I request the permanent skin pigmentation procedures, and accept the permanence of the procedure as well as the possible complications and consequences of the said procedure.

Print Name _____ Client Signature _____

Date _____

**EMILIA BEAUTY ART DISCLOSURE &
RELEASE FORMS**

You have the right to be informed so that you may make the decision whether or not to undergo the procedure, after knowing the risks and hazards involved. This disclosure is not meant to frighten you. It is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

Please read the statements below, putting your initials before each one, to indicate you fully understand:

That no warranty or guarantee has been made to me as a result of this permanent makeup / camouflage / Correction/ removal procedure, and that the final result cannot be guaranteed

That there may be risks and hazards related to the performance of this procedure planned for me

I realize that there is potential for discomfort during the procedure and during the healing process

There is a possibility of bleeding, swelling, and allergic reactions to the dye

That tattooing is considered permanent, however, it may fade with time

That a tattoo can only be removed with a surgical procedure, and that any effective removal may leave permanent scarring or disfigurement

That misplacement of the dye can occur, under rare circumstances, requiring excision of the misplaced dye. In rare cases, there may be permanent loss of eyelashes

I have been given the opportunity to ask questions about the procedure, the risks and the hazards involved

I understand that I must inform my technician of all medications being taken by me, even though I have written it on the General Medical History forms.

I understand that it is my responsibility to advise the technician of any concerns I may have before they begin the procedure

I am not pregnant

I currently, do not have any narcotics or alcohol in my system

I have no known allergies to anything other than what was stated on 'Client Personal Record Form'. I release Emilia Beauty Art and its representatives and subsidiaries of all claims for injury, seen or unseen that may occur as a result of this procedure

I fully understand the questions, terms and conditions of this Disclosure & Release Agreement, and all have been explained to me. I accept to waive all my rights for any claim against Emilia Beauty Art for any reasons may involve. This contract is to remain in effect for as long as I remain a client of Emilia Beauty Art and all its contents apply whenever work is being performed on myself by staff of Emilia Beauty Art. It is my responsibility to inform staff if any changes have occurred in my medical history.

I certify that this Disclosure & Release Agreement was completed by me and that all entries in it and information are true and complete to the best of my knowledge

Print Name _____ **Client Signature** _____

Date _____