The Healing Design LLC

Client Information

Please Print

Name_____ Date of Birth _____
Address_____City_____State_____Zip Code_____
Phone (H)_____(M)_____(W)_____
Who referred you/where did you hear about us?_____
Email_____

Personal History

Allergies:_____
Do you suffer from: Hepatitis?_____Heart Problems?_____Diabetes?_____
Hemophilia?_____Skin Problems?_____Keloid Scarring?_____
Eye Problems?_____Epilepsy?_____
Other:_____
Please list all medications you are taking including anti-depressants or mood-altering drugs:
_____

- Are you nursing or pregnant? Yes_____No_____
- Do you swell easily? Yes_____No_____
- Do you bruise easily? Yes_____No_____
- Are you light sensitive? Yes_____No_____
- Are you allergic to latex or adhesives? Yes_____No_____
- Are you allergic to lidocaine or epinephrine? Yes_____No_____
- Do you have any heavy exercise planned for the week after your procedure? Yes_____No_____
- Do you have any trips planned for after the procedure involving water or intense sun exposure? Yes_____No_____
- Do you use retinals/retinoids? Yes_____No_____
- Are you taking any blood thinners? Yes_____No_____

- Have you had COVID-19 vaccines in the last 4 weeks? Yes_____No_____

If the answer to the above question is yes, the procedure must be rescheduled until it has been more than 4 weeks since your last COVID-19 vaccination.

The Healing Design LLC
Procedure Specific Information

Eyeliner

Have you had eye surgery? Yes_____No_____
Are you currently using a lash stimulator (ie. Latisse)? Yes_____No_____
Please discontinue use of this type of product 2 months prior to any eyelash procedure. Do not resume until at least 2 weeks after the procedure.
Do you wear contacts? Yes_____No_____
Please bring your glasses to wear home following your eyelash procedure.
Please describe your desired outcome and color:_____
_____
_____

If having an eye procedure, I (name, printed)_____acknowledge the above information and understand this is mandatory. I also believe the above information to be accurate and complete.

Sign_____Date_____

Eyebrows

Please describe your desired outcome, shape, and color:_____
_____
_____

If having an eyebrow procedure, I (name, printed)_____acknowledge the above information and believe it to be accurate and complete.

Sign_____Date_____

The Healing Design LLC
Lips

Do you use lip plumper? Yes_____No_____
Have you ever had lip fillers? Yes_____No_____
Do you plan to get lip fillers in the near future? Yes_____No_____

Have you ever had a cold sore? Yes_____No_____

- **If yes, please note you will need a prescription from your doctor for an anti-viral such as Acyclovir or Valtrex to prevent an outbreak.**
- **It is recommended you take this the day before, the day of, and the day after any lip procedure.**

Please describe your desired outcome and color:_____
_____
_____

If having a lip procedure, I (name, printed)_____acknowledge the above information and understand this is mandatory. I also believe the above information to be accurate and complete.

Sign_____Date_____

Photo Consent

I _____, authorize The Healing Design LLC and its representatives to take photographs and/or videos of me for reference purposes to be used for my care, presentation and/or articles or education with no compensation.

Additionally, I authorize the use of these images (Please initial yes or no for each item).
Strict confidentiality will be maintained.

In office portfolio for clients to view? Yes_____No_____
Use for educational purposes in classes? Yes_____No_____
Use on our website for our gallery of before and after photos? Yes_____No_____
Use in print advertisements or email marketing? Yes_____No_____
Use on social media marketing ads? Yes_____No_____

Sign_____Date_____

The Healing Design LLC

Terms and Conditions Agreement

- **Consultation Fee:** A $20.00 non-refundable fee is required to secure your consultation appointment. This covers the dedicated time set aside for your initial assessment and design planning.
- **Procedure Booking Fee:** To secure your procedure date, a booking fee equal to 50% of the total service cost is required. This fee is strictly non-refundable, as it holds a high-volume block of time that prevents other clients from booking. It will be applied directly toward your final balance on the day of your service.
- **Cancellation & Rescheduling Policy:** Cancellations directly impact our business. Therefore, all booking fees and deposits are final.
    - **Rescheduling (48+ Hours' Notice):** If you need to reschedule, your booking fee may be transferred to a new date one time, provided you give at least 48 hours' notice. The new appointment must be scheduled within 30 days of the original date.
    - **Late Cancellations & No-Shows (Less than 48 Hours):** If you cancel, reschedule with less than 48 hours' notice, or fail to show up, your entire 50% booking fee and/or your $20 deposit is permanently forfeited as liquidated damages for the lost session. A new deposit will be required to book future appointments.
    - **Lateness Policy (Grace Period):** We operate on a strict schedule to ensure each client receives dedicated, unhurried attention. We offer a 15-minute grace period. If you are running late, please notify us as soon as possible.
    - **Arrivals Past 15 Minutes:** If you arrive more than 15 minutes late, your appointment will be automatically canceled to avoid delaying the next client. This will be treated as a "Late Cancellation," resulting in the forfeiture of your booking fee, and a new deposit will be required to reschedule.
- **Follow-Up & Touch-Up Policies**
    - **Standard Follow-Up:** If a follow-up visit is needed to perfect the original application, a supply fee of $150.00 will be charged. Follow up visits must be scheduled within 4-12 weeks of the original procedure, or it will be billed at full maintenance visit pricing.
    - **Shape Corrections:** If adjustments to the originally agreed-upon and approved shape are requested at the touch-up, a $150.00 correction fee will be applied.
    - **Additional Touch-Ups:** No additional touch-ups are provided free of charge. Any additional sessions requested will incur a $150.00 supply fee, plus $25.00 for every 15 minutes spent on the procedure (including mapping and numbing time).
- **Refund Policy:** No refunds will be issued under any circumstances. By booking, you acknowledge and understand that permanent cosmetic tattooing is an expression of art and not an exact science. Results vary based on individual skin type, lifestyle, and aftercare, and no specific outcome can be guaranteed.

Name (print)_____

Sign_____Date_____

The Healing Design LLC
Client Notes *For Technician To Fill Out*

Name:____ Date of Birth:_______________

Special Notations:____

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Treatment Area________________________ Mix__________________________________ Date___________Charge________________ Notes________________________________ Technician: Madeline Beck License #: BAP-TA-10263276 Technician Signature:_________________________	Treatment Area________________________ Mix__________________________________ Date___________Charge________________ Notes________________________________ Technician: Madeline Beck License #: BAP-TA-10263276 Technician Signature:_________________________
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The Healing Design LLC

General Aftercare Instructions for Permanent Cosmetic Applications

These instructions are vital for achieving the best results and ensuring proper healing.
Please read them carefully and follow them exactly.

- **Immediate Care (Within the First Few Hours)**
  - **Initial Cleansing:** Within 20 minutes of leaving your appointment, gently remove the Vaseline applied by your technician using a fresh Kleenex.
  - **Wash:** Wash your hands thoroughly, then gently cleanse the tattooed area with cool water.
  - **Blot:** Gently blot the area with a fresh Kleenex to absorb any moisture, weeping, or blood.
  - **Reapply Ointment:** Using a fresh Q-tip, apply a very thin film of Vaseline onto the tattooed area.
  - **Repetition:** Repeat the above cleansing and reapplication process several times during the first few hours following your procedure.
  - **Swelling Reduction:** You may apply a cold compress (a Ziploc filled with crushed ice) to your eyes and/or lips to minimize swelling.
  - **Ointment Use:** Apply a thin film Vaseline 3 to 5 times a day for approximately 5 days. Use a Q-tip for application, and keep your aftercare kit with you for convenience.
- **Daily Care Protection (at least 5 days, preferably 2 weeks)**
  - **No Submerging/Moisture:** Do not allow the area to get submerged in water. Avoid washing the area with soap, swimming, and strenuous exercising, hot tubs, or saunas. Facial sweating must be avoided.
  - **No Makeup/Products:** Do not apply any makeup on or near the treated area.
  - **Sun Protection:** Avoid direct sun exposure. Once healed, sunblock is essential to protect the color longevity of your permanent cosmetics.
  - **Do Not Pick or Rub:** Do not rub, scratch, or pick at the tattooed area or any scabs that may form.
- **Procedure-Specific Instructions**
  - **Eyeliner**-Do not rub or scratch the eye area until healed.
  - **Eyes/Brow**s-No tinting of lashes or brows, or use of lash stimulators (e.g., Latisse) for at least 2 weeks following the procedure.
  - **Lips**-Avoid licking, biting, or picking your lips until healed. Avoid salty, spicy, and acidic foods, and drink through a straw whenever possible.
- **Long-Term Color Maintenance**
  - **Initial Darkening:** Please be aware that your color will appear much darker and bolder for the first 5 to 10 days. The area must fully heal before the final, softer color is revealed.
  - **Product Warnings:** To protect your color from premature fading, do not apply any products containing the following ingredients directly to the tattooed areas: AHA, vitamin A, retinol, retin-A, skin-lightening or bleaching ingredients, peeling products (such as glycolic or lactic acid).
- **Important: When to Contact Us or a Physician**
  - **Product Reaction:** If you experience significant itching, swelling, bruising, or any other unexpected complications, stop using the aftercare ointment immediately and call your technician. You may be experiencing an allergic reaction.
  - **Signs of Concern:** If you notice anything "out of the ordinary," or signs of infection (i.e., green/yellow pus, fever, increasing pain/swelling after 48 hours, etc.), please contact your physician immediately.
  - If you have any questions or concerns, please contact your technician immediately at 541-550-8546.

Failure to follow these instructions may result in less desirable results. I agree to follow all directions above.

Sign_____ Date _____

The Healing Design LLC
Consent to Application of Permanent Cosmetics

Name_____ Date of Birth _____
I _____am over the age of 18, not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the designated permanent cosmetic procedure. The general nature of cosmetic tattooing as well as the specific procedure to be performed has been explained to me.
Procedure(s)_____Cost of Procedure(s)_____

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand that a permanent cosmetic tattoo procedure carries with it known and unknown complications and consequences, including, but not limited to: infection, scarring, inconsistent color, spreading, fanning, or fading of pigments. Corneal abrasions are a rare side effect, especially if I rub or scratch my eyes, or apply contacts too soon after my eyeliner procedure. I understand the actual color of the pigment may heal slightly differently in each individual due to the tone and color of their skin. I fully understand this is a tattoo process, and therefore not an exact science, but an art. I request the cosmetic tattoo procedure(s) and accept the permanence of the procedures, as well as the possible complications and consequences of the procedure(s). **(Initial):**_____

There is a possibility of an allergic reaction to pigments. A patch test is advisable. However, it does not ensure a client will not have an allergic reaction.

- I consent to a patch test **(Initial):**_____

  A patch test will need to be completed at least 24 hours prior to procedure.
- I waive a patch test **(Initial):**_____

If waived, I release the technician from liability if I develop an allergic reaction to the pigment.
(Initial):_____

I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin altering procedures, it may result in adverse changes to my permanent cosmetic tattoo. I acknowledge some of these potential adverse changes may not be correctable. **(Initial):**_____

I have received pre and post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize the outcome of my procedure. If I am on any medication for depression or any mood altering prescriptions, I will advise my technician. If I have ever had cold sores, I will consult with and strictly follow my doctor's instructions before engaging in a permanent cosmetic procedure around my lips. **(Initial):**_____

I understand that taking of before, and after photographs of the said procedure is a condition of such procedure(s). I certify I read and initialed the above paragraphs and have had this consent and procedure explained to my understanding. I accept full responsibility for the decision to have the cosmetic tattoo procedure performed.

Client Signature_____ Date _____

Technician Signature_____Date_____