



Date _____

Lip Blushing Intake & Health History

Name _____ DOB _____ AGE _____

Address _____

Phone _____ Occupation _____

Email _____

Medical Background

Check all that apply (past and present)

- Pregnant/Breastfeeding
- Epilepsy/Seizures
- Bleeding Disorder / Blood Clotting
- History of Lip Surgery/ Cosmetic Surgery / Implants
- Cancer / Lupus
- Cardiac/Vascular (Heart) Problems
- Recent Surgical Incision
- Take Fish or Krill Oil
- Diabetes
- HIV/AIDS /Hepatitis
- Tuberculosis (TBC)
- Skin Conditions/Disorders
- Life Threatening Allergies
- Keloid Scarring
- Smoking/Tobacco Use
- Cold Sore, Hives, Herpes Shingles
- Anticoagulants (Blood Thinners)
- Organ Failure
- Botox/Dermal Fillers/Chemical Peel
- Allergy to Numbing Agents/ Anesthetics
- Pacemaker/Other Electronic Device Implant
- Sulphonamide Allergy
- Heart/Kidney/Liver Disease
- Surgery in past 3 months
- Other Medical Conditions: _____
- Current Medications: _____
- Allergies: _____

Skin Medications

Please check if you are using any of the following:

- Accutane
- Retin-A
- Photosensitizing Medications
- Hydroquinone
- Alpha Hydroxy Acids
- Other Topicals: _____

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my esthetician of any changes to the information listed on all the pages of this client intake form. I have been informed of and understand the contraindications to the requested treatments and agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform my practitioner of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liabilities toward my practitioner and "ESTHETIC BY DESIGN" for any injury or damages incurred due to my misrepresentation of my health history.

Signature _____

Date _____



Date

Lip Blushing Consent Form

1. _____I agree that I am over the age of 18, am NOT under the influence of alcohol or drugs, am NOT pregnant or nursing and desire to receive the lip blushing procedure.
2. _____I understand that needles are used for the lip blushing procedure to inject color pigments into the upper layers of the skin.
3. _____I have been informed of the nature, risks, and possible complications and consequences of lip blushing. I understand the lip blushing procedure may have known or unknown complications including but not limited to: minor to intensive swelling, tenderness, soreness, itchiness, burning, infection, scarring, inconsistent color, and spreading, fanning, or fading of pigments, and allergic reaction.
4. _____I understand that I may or may not experience certain side effects if an anesthetic is used including but not limited to allergic reaction, light-headedness, drowsiness, dizziness, vomiting, tongue numbness, and slow heartbeat.
5. _____I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin and will appear darker during the first few days immediately following the procedure.
6. _____I understand that I will need a follow-up appointment and may require touch-up appointments.
7. _____I request the lip blushing procedure(s) and accept the permanence of the procedure as well as the possible complications and consequences of the procedure.
8. Choose one: I consent _____(initial) or waive _____(initial) the patch test.
9. _____I understand that if I have any skin treatments including but not limited to laser hair removal, plastic surgery, or other cosmetic procedures, it may result in adverse changes to my permanent cosmetics and may not be correctable.
10. _____I have received pre- and post care instructions and I will strictly adhere to such instructions. I understand that my failure to properly follow pre and post care instructions may compromise my procedure.

By signing below, you agree to the following:

I consent to allow "ESTHETIC BY DESIGN" to consult with and evaluate me in order to determine if I am a good candidate for the lip blushing procedure. I understand that photographs may be taken and kept in my file. I agree that these forms have been completed truthfully and to the best of my knowledge and abilities. I understand the contraindications and possible side effects of lip blushing as discussed with staff members of "ESTHETIC BY DESIGN". Furthermore, I agree to waive all liabilities toward "ESTHETIC BY DESIGN" for any injury or damages incurred due to my misrepresentation of my health history or failure to follow pre- or post care instructions.

Signature

Date



Lip Blushing Pre/Post Care Instruction

Before the procedure

1. Consult with your primary care physician if you are prone to cold sores. If you are prone to cold sores, please inquire about taking an antiviral medication prior to having your procedure done.
2. Avoid certain cosmetic procedures before your lip blushing procedure including lip implants (not within 6 months of procedure) and no fillers within 3 weeks of procedure.
3. Please remove any oral piercings prior to the appointment and cleanse the area.
4. If you currently have a sinus infection, please contact your practitioner for further guidance.
5. Avoid smoking or antibiotic therapy at least 4 weeks prior to appointment. If unavoidable, please contact your practitioner for further guidance as antibiotics and smoking result in higher candida (yeast) count and infection may result.
6. Avoid alcohol and blood thinning medications at least 24 hours prior to procedure.
7. Avoid caffeine 12 hours prior to procedure.
8. Drink plenty of water to hydrate and keep lips supple.
9. Scrub your lips the day before the procedure to remove any dead skin buildup.

After the procedure

1. Use a clean and cool washcloth to gently wipe the lips in the morning, after eating, and before bed for at least 7 days post-procedure.
2. Apply a generous amount of Vitamin E ointment with a clean q-tip many times as necessary throughout the day to keep lips moist.
3. Use caution when brushing your teeth and avoid getting toothpaste on the lips. Avoid mouthwash with alcohol.
4. Keep your lips sealed when washing your face and avoid getting your facewash or scrub on your lips.
5. Do NOT exfoliate, rub, pick, scratch, or peel at the lips.
6. Do NOT apply makeup until fully healed.
7. Avoid intense or direct sun exposure.
8. Avoid salty or spicy food and drink.
9. Avoid kissing until fully healed.
10. Avoid teeth whitening.