



The Informed Client's Consent to the COSMETIC/PARAMEDIC TATTOOING Procedure

1 General information about Cosmetic/Paramedic Tattooing

Semi-permanent makeup, permanent makeup, permanent cosmetics, derma pigmentation, micro-pigmentation, cosmetic tattooing, and paramedical tattooing are all terms for a technique that deposits hypoallergenic mineral and/or organic pigments into the upper dermal layer of the skin. This method can enhance facial features by resembling traditional makeup—such as eyeliner, lip colour, and eyebrow definition—or be used for reconstructive purposes, including reshaping eyebrows, defining lip contours, enhancing nose and face contours, restoring hairlines, recreating breast areolas, and camouflaging scars or skin imperfections.

Optimal results are typically achieved over **two to three procedures**, with **recommended intervals of 1–2 months** between sessions. The follow-up procedure after the initial treatment, known as a **"touch-up,"** helps to:

- Ensure even and accurate pigment distribution in the targeted areas.
- Refine colour accuracy and tonal variations to match client expectations.
- Enhance the longevity of the results.

The pigment is implanted into the skin using specialized equipment with fine needles. Since pigments are recognized as foreign substances by the immune system, they gradually fade over time as the body naturally eliminates them. The retention period varies from **several months to several years**, depending on individual immune responses.

To maintain high-quality results, periodic touch-ups are required. On average, **a maintenance procedure is recommended every 1–2 years**, commonly referred to as a **"refresh"** session.

2 Client Personal Record & Medical History

Name	_____
Address	_____
Email	_____ Phone (H) _____
Occupation	_____
Date of Birth	_____ Gender : _____
Driver License Number	_____ or ID Card _____

Are you currently under the care of a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify the condition: _____

Do you have any of the following medical conditions or concerns?

- **Allergies** Yes No

If yes, do you have allergies to:

- Hair dye Latex Lidocaine Prilocaine Benzocaine Tetracaine
- Adrenaline (Epinephrine) Tattoo pigments or metals (Iron, Titanium, Nickel, etc.)
- Other (please specify): _____

- **Viral & Infectious Conditions**

- Cold Sores/Shingles HIV/AIDS Hepatitis/Jaundice Any active infection

- **Blood & Immune System Disorders**

- Iron Deficiency Anaemia Haemophilia Cancer Immune Deficiency

- **Respiratory & Cardiovascular Conditions**

- Asthma Heart Issues High/Low Blood Pressure

- **Neurological & Mental Health Conditions**

- Epilepsy Fainting Spells/Dizziness Mental Disorders

- **Skin Conditions**

- Keloid Scars Rosacea Psoriasis Other Skin Disorders: _____

- **Hormonal & Endocrine Disorders**

- Pregnancy Breastfeeding Irregular Periods Menopause
- Thyroid Imbalance Diabetes Hypoglycaemia Hormonal Imbalance

- **Autoimmune & Digestive Disorders**

- Crohn's Disease Celiac Disease Arthritis Other Autoimmune Disorders: _____

- **Eye Conditions & Treatments**

- Eye or Eyelid Surgery/Injury Contact Lenses Cataracts Glaucoma

- **Aesthetic & Medical Procedures**

- Are you planning an MRI? _____
- Have you had Botox? Yes No If yes, when? _____ Are you planning more? Yes No
- Have you had fillers? Yes No Do you plan to continue? Yes No
- Are you planning a surgical face lift? Yes No

- **Medications & Treatments**

- Current Medications:** _____
- Blood Thinners Antibiotics Hormonal Therapy Other: _____

Do you feel well enough to have a permanent makeup procedure today? Yes No

Do you have previous permanent makeup? Yes No

If yes, please specify the treated area: _____ When was it done? _____

Acknowledgment & Consent

I understand that if I have any contraindications, the final result of my procedure may be affected. Additional touch-up sessions may be required, which will incur additional fees.

_____ / _____ / _____
Name Signature Date

3. Medical Aspects of Permanent Makeup

a) Contraindications

The permanent makeup procedure has several medical contraindications, including:

- Active viral or bacterial infections, immune system disorders (e.g., autoimmune diseases, immunodeficiency, HIV), exacerbated herpes, viral or allergic conjunctivitis, psoriasis, neurodermatitis, allergies, and cancer.
- Skin conditions or abnormal changes, including benign and malignant tumours or irregular pigmentation.
- Diabetes mellitus, severe internal illnesses, kidney or liver failure.
- Tendency to form keloid scars.
- Blood clotting disorders (e.g., haemophilia) and high blood pressure.
- Alcohol or drug intoxication, epilepsy, or mental health disorders.
- Hormonal conditions, pregnancy, and breastfeeding.
- Ongoing treatment with antibiotics, hormonal medications, or drugs affecting blood clotting.

If a client falls into any of these categories, the procedure should be cancelled. In cases of uncertainty, the procedure should only proceed with written consent from a medical professional.

b) Anaesthetic Use

Anaesthesia is not required for permanent makeup procedures. However, if a client has a low pain threshold and no allergies to topical aesthetic components such as **Lidocaine, Prilocaine, Benzocaine, Tetracaine, or Epinephrine (Adrenaline)**—and has no contraindications such as high blood pressure or diabetes—aesthetic may be applied after consultation between the technician and the client.

c) Healing Process and Aftercare

The **external** healing process takes approximately **4–14 days**, while **internal** skin recovery lasts between **1–3 months**. Proper aftercare and hygiene are essential to prevent complications. If any healing issues arise, clients should immediately consult their technician or a healthcare provider.

Healing Stages & Aftercare Guidelines:

1. Initial Reactions (0–3 Days)

- **Redness:** Lasts from **20 minutes to several hours**; no action required.
- **Swelling:** Usually subsides within **24 hours**, though it may persist for **2–3 days** in some cases.
- **Lymph Discharge:** Occurs for **2–3 hours** post-procedure. To prevent scabbing, gently wash the area with regular soap and pat dry with cotton pads several hours after the procedure.

2. Scab Formation (4–14 Days)

- Scabs begin forming **within the first 24 hours**, appearing bright in colour.
- Average scabbing duration: **6 days** (can last up to **2 weeks**).
- **Strictly avoid:**
 - Saunas, baths, swimming, and direct sun exposure.
 - Touching, scratching, or forcibly removing scabs.
 - Applying makeup or skincare products before scabs naturally flake off.

- **Moisturization:** Apply a **thin layer of Vaseline** using a cotton bud **3–4 times a day** when the skin feels dry or tight (starting from **day 3**).
 - **Do not use:** Wound-healing creams, regenerating medications, or rapid skin-repair products, as they may accelerate healing and reduce pigment retention.
 - Clients prone to oral herpes should take prescribed antiviral medication if the procedure involves the lips.
3. **Flaking (10–20 Days)**
- **Initial flaking** results in a **20–50% colour loss**.
 - **Secondary scabs** (colourless and flaky) may appear and last for **up to 10 days**, with some **colour restoration (10–20%)** from the initial pigment.
 - **Sun Protection:** Avoid **direct sunlight for one month** post-procedure to prevent **post-traumatic hyperpigmentation**.
4. **Full Skin Regeneration (4–12 Weeks)**
- The skin fully regenerates **within 4–12 weeks**, depending on **age and skin type**. This period is close to the calculation of the age of a client plus 10 days.
 - **Do not interfere** with the healing process (e.g., by getting an early touch-up or undergoing other cosmetic procedures that disrupt the skin's integrity).
 - **Final colour stabilization** occurs approximately **28-45 days** after the procedure.
 - To **prevent fading**, avoid **Retin-A (Tretinoin), Glycolic Acid, Hydroxy Acid, fruit acids, chemical peels, and exfoliating products** on the treated area.
 - **Additional factors that accelerate fading:**
 - **Saltwater, chlorine, sun exposure, exfoliation creams, and chemical treatments.**
 - If exposed to the sun for prolonged periods, clients must apply **high-SPF sunscreen** to the treated area.

4. Information About the Studio and Technician

Your technician is **Anna Ocko**, a sole trader operating under the business name **Beaushade**.

- **Phone:** 0401 744 987
- **Email:** ocko.anna@gmail.com
- **Address:** 209 Nelson St, Ballarat East, VIC 3350
- **ABN:** 81440818275

Anna Ocko is a **qualified and accredited** permanent makeup artist specializing in various facial and body procedures, including: **eyelids, eyebrows, lips, cheeks, scars, areolas, scalp, and other areas requiring camouflage treatments**. She strictly adheres to all industry regulations governing skin pigmentation procedures.

As part of the procedure documentation process, **before-and-after photographs** will be taken to monitor progress and effectiveness. All personal information is handled with the **strictest confidentiality** and stored securely.

5. Technician's Policies

Booking & Cancellation Policy

- A **\$110 booking fee** is required to reserve an appointment. This is a **Time Reserving & Supplying Fee** and this is **not a deposit**. However it **WILL BE CONTRIBUTED TO YOUR PROCEDURE COST**. It is **NOT REFUNDABLE**, but, it **MAY BE TRANSFERRED** to another service or appointment time if the appointment is changed not less than 14 days prior to the procedure.

This fee won't be refunded or transferred in case of :

- 1- late rescheduling,
- 2- no-show,
- 3- late arrival,
- 4- late notice about attending not all sessions at multiple bookings,
- 5 - cancellations.

If this fee was not charged during your booking, **WE RESERVE THE RIGHT TO CHARGE THE LATE CANCELLATION FEE** of \$110 in all mentioned above cases. An additional booking fee will be required for a further booking. Due to the sensitive and time-consuming character of our services, we can't easily fill cancelled time slots. So, this fee is designed to partially cover our studio expenses such as a rent, professional insurances, studio license, site service & hosting, education of the artist, studio equipment, consumables and time which are used to prepare the booked session.

Late Arrival Policy

- Arriving late will reduce the available procedure time.
- As a courtesy to the next client, appointments will **end at the originally scheduled time**.
- In some cases, late arrivals may need to be **rescheduled**, and the full service fee will still apply.

Children/Pets/Accompanying Individuals Policy

Due to liability reasons,

- **no clients under 18 years of age** may undergo permanent makeup/paramedical tattooing procedures.
- **no accompanying persons, children** under the age of 18 **or pets** are permitted to enter business premises during permanent makeup/paramedical tattooing procedures.

Cell Phone Policy

- To maintain a **relaxing environment**, clients are requested to **mute or turn off** their mobile phones during the procedure.

Pricing & Touch-Up/Refresh Fees

- **Touch-up and refresh procedures are not included** in the original procedure price.
- A **touch-up procedure** (performed within **12 weeks** of the original session) is **approximately 30% of the initial procedure fee** (based on current pricing).
- The **annual refresh procedure** is discounted, depending on the time interval since the last session. If more than **2.5 years** have passed, the full **initial procedure price** will apply.
- For the latest pricing, visit beaushade.com. Prices are subject to change without notice. **All sales**

are final, and refunds are not available.

Permanent Makeup Done by Another Technician

- **Touch-up and refresh fees apply only to returning clients.**
- If the original permanent makeup was done by another technician, the procedure is classified as a **"cover-up"** rather than a touch-up or refresh.
- **Cover-up procedures** are charged at the full new procedure rate.
- Additional charges may apply for **extensive reshaping, symmetry correction, or pigment removal**. **Multiple sessions** may be required to achieve the desired results.

Number of Sessions Required

- Most procedures require **2–3 sessions**, followed by **annual refresh sessions**. The second session is absolutely required for any tattooing.
- Certain cases may require **3 or more sessions**, including:
 - Scar camouflage
 - Artificial cheek blush
 - Large eye shadow tattoos
 - Complex cover-up procedures
 - Clients with relative contraindications
 - Clients needing multiple refresh sessions per year for optimal results
- If **additional perfecting sessions (touch-ups) are needed**, extra fees will apply.

Non-Compliance with Aftercare Instructions

- If the client **fails to follow aftercare guidelines** (as outlined in **Section 3-c**), no claims will be accepted regarding pigment loss or unsatisfactory results.
- If pigment loss occurs due to **picking or forcibly removing scabs**, any repeat procedure will be **at the client's expense**.

Right to Refuse Service

- If a client **does not meet the necessary criteria** for a procedure, the technician reserves the right to **decline service**.

Payment Options

We accept following payment options:

1. cash (no surcharges, 5% discount),
2. bank direct deposit (no surcharges),
3. credit/debit cards (2.5%),
4. zip pay (6.5% fee).

6. DISCLOSURE & RELEASE FORM

A) Client Disclosure

Please read the statements below carefully and confirm your consent by signing at the end.

General Acknowledgment

- I certify that I am **over the age of 18** and give permission for the **permanent makeup procedure** to be performed according to the confirmed design.

- I understand that **no guarantees** or warranties have been made regarding the final outcome of my procedure.
- I acknowledge that **some discomfort or pain** may occur during the procedure and healing process.
- I understand that potential side effects may include:
 - Swelling (1–3 days)
 - Scab formation (4–14 days)
 - Temporary pigment darkening (initially stronger for 4–14 days before lightening)
 - Normal pigment fading or colour change during the first month
- I acknowledge that **individual healing varies**, and I must **wait at least one month** before scheduling a touch-up session.

Health & Risks

- I understand that allergic reactions to pigments or anesthetics may occur.
- I am aware that individuals prone to **hyperpigmentation** (from scars or injuries) may experience **skin darkening** as a result of the procedure.
- I acknowledge that **permanent makeup is considered a lifelong procedure**, though it will **fade over time**.
- I understand that permanent makeup **removal requires specialized treatments**, which may cause **scarring** and require multiple sessions over **2–2.5 years**.
- I have been informed that I must **avoid certain activities** during the healing period, including:
 - Saunas, baths, swimming
 - Direct sun exposure (for at least one month)
 - Using decorative cosmetics on the treated area until scabs have naturally fallen off
- I agree to **follow all aftercare instructions**, including:
 - Using only **recommended Vaseline oil**
 - **Avoiding** wound-healing creams or regenerating medications
 - **Not forcibly removing** scabs
- I understand that **at least 1–2 additional sessions** may be required for optimal results.
- Complex procedures, such as **scar camouflage, artificial cheek blush, large eye shadows, or cover-up work**, may require additional treatments.
- I acknowledge that **if undergoing an eyelid procedure, I must remove all eye makeup and contact lenses before the session**.
- I have considered potential **temporary effects** (such as **redness, swelling, or crusting**) and will plan accordingly.
- I understand that **lip procedures may trigger herpes (cold sores)** and agree to take prescribed **antiviral medication** as a preventive measure.

Consent & Agreement

- I confirm that I have received **written aftercare instructions** as outlined in **Section 2-C** of this Consent.
- I declare that I **do not have any medical contraindications** for this procedure.
- I authorize Anna Ocko to **take before-and-after photographs** of the treated area for documentation and advertising purposes.
- I confirm that all information provided is **true and complete** to the best of my knowledge.
- I acknowledge that **Anna Ocko provides beauty services, not medical treatments**.
- I accept full responsibility for the results and potential risks associated with the procedure.
- I release Anna Ocko from **any claims, injuries, or complications** resulting from the procedure.

B) Client Acknowledgement & Responsibility to Inform the Technician

- I agree to **indemnify and hold harmless** Anna Ocko from any claims, damages, or legal actions arising from this procedure.
- I understand that this **Agreement serves as an addendum** to any previous conditions, releases, or agreements made with Anna Ocko.
- I confirm that I have received a copy of this Consent and have had **sufficient opportunity to ask questions** before signing.
- I acknowledge that it is my **responsibility** to inform the technician of any **health concerns or medications** that may affect the procedure.
 - **Example:** Blood-thinning medications such as aspirin may increase bleeding.
- I confirm that I am **not under the influence of drugs, alcohol, or other substances**.
- I confirm that I am **not pregnant**.
- I declare that I **have no known allergies** to tattoo pigments, iron, nickel, titanium, or topical anaesthetics.
- I understand that **photographs are required** as a condition of this procedure, and I grant permission for their use in promotions.
- I acknowledge that **failure to follow aftercare instructions** may result in poor healing, and I accept responsibility for any additional treatments needed.
- I understand the **limitations of cosmetic tattooing** and accept that **results may be permanent** and require **multiple removal sessions over 2–2.5 years** if removal is desired.
- I confirm that this **Disclosure and Release Agreement** has been explained to me in a language I understand.
- I **waive any rights** to claims against Anna Ocko regarding the procedure, results, or potential risks.
- I certify that I have personally completed this form, and all information provided is **accurate and complete**.

By signing below, I confirm that I have read, understood, and agreed to the above terms.

Client's Printed Name ✓ _____

Signature: ✓ _____ Date: ✓ _____

7. ADDITIONAL SECTION FOR CAMOUFLAGE SERVICES

1. I acknowledge that **Titanium Dioxide pigment will be implanted into my skin**, and this pigment may remain **permanently**.
2. I understand that **Titanium Dioxide is resistant to laser removal** and can only be removed through a series of **complex non-laser procedures**, which may not guarantee complete removal.
3. I am aware that **over time, the pigment may change colour**, shifting from white to **ashy green, yellowish, or beige tones** due to biological factors and exposure to UV light, visible light, and infrared radiation.
4. I acknowledge that the pigment may **become more visible and opaque over time**, potentially leading to a **rougher and less natural appearance**.
5. I understand that **densely applied Titanium Dioxide** can result in a **heavy, chalky appearance**, both immediately after the procedure and as the skin ages, potentially highlighting wrinkles and loss of skin elasticity.
6. I am aware that the artist will apply a **thin, transparent layer** of pigment to ensure a **more natural long-term appearance**, which may initially provide **only a minimal lightening effect**.
7. I acknowledge that the **amount of pigment applied is at the sole discretion of the artist**, based on their professional expertise, and is **not open for discussion**.
8. I understand that the **cost of the service is fixed** and is **not based on the level of camouflage achieved** or personal satisfaction. **No refunds or price negotiations will be offered**.
9. I am aware that **multiple camouflage applications** may lead to an **unnatural, overly pigmented result**.
10. I understand that **hyperpigmented spots cannot be effectively covered** with camouflage tattooing, as the tattooed pigment sits **beneath** the natural pigmentation (melanin). The procedure may slightly **highlight existing melanin**, but the outcome depends more on **melanin density** than the tattooing technique.
11. I acknowledge that **skin penetration may trigger post-traumatic hyperpigmentation**, even when following proper aftercare and avoiding sun exposure.

By signing below, I confirm that I have **read and understood all associated risks**. I voluntarily proceed with the camouflage procedure, fully aware that **results are not guaranteed**.

Client's Printed Name ✓ _____

Signature: ✓ _____ Date: ✓ _____

8 INFORMATION ABOUT PERFORMED PROCEDURES

1	Procedure	Date	Cost	Machine & Voltage
	Needle (Type, Batch Number, Expiry Date)			
	Pigment (Name, Brand, Proportions)			Map of treated area Notes*
2	Procedure	Date	Cost	Machine & Voltage
	Needle (Type, Batch Number, Expiry Date)			
	Pigment (Name, Brand, Proportions)			Map of treated area Notes*

* Additional information about client and procedure (free form): technician's observations such as effectiveness of Anesthetic, particularities of client, the level of the trust to technician, the level of anxiety of client, particularities of skin, procedure process, chosen technique, additional recommendations. Analysis of healed procedures.

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