

GENERAL DISCLOSURE AND CONSENT FORM

NOUVEAU[®]
CONTOUR
PERMANENT COSMETICS

First name

Last name

D.O.B.

Client address

E-mail

Tel No

Gender

Female / Male

Your Doctor / GP name

Surgery name and address

Emergency contact name / number

Full name of Salon and Technican

Your procedure(s)

- You must complete this form in full and hand back to us for us to sign and authorise before you have any Nouveau Contour Permanent Cosmetics procedure ('Procedure'), as it is a declaration that you are fit and well to have the procedure and you have complied with our terms before doing so.
- If we advise you against having a treatment done, or if you disclose a medical condition which we feel may require medical referral, you will be asked to seek authorisation from your GP before we can allow you to have a Procedure. We will not be liable as a result of any information or medical conditions that you fail to disclose under any circumstances.
- Please note that refunds are not granted in the event that you are dissatisfied with any element of the treatment unless your dissatisfaction is as a direct result of the negligence of the technician.
- You must remove all make-up, facial piercings and jewellery before your Procedure. You will be required to cover your hair (a head bonnet will be provided). If you wear contact lenses, you should remove them before the Procedure starts. If they are prescribed contact lenses then we would recommend that you bring a spare set of lenses or glasses.
- Keep all of your belongings with you at all times, as we will not be responsible for loss or theft of personal belongings. Alternatively, your technician may be able to provide you with a safe place to put your belongings, please ask if you require assistance.
- These terms and conditions should be read in conjunction with the following forms: Consultation Form, Sensitivity Patch Test Instructions, Doctor/General Practitioner Consent Request Form (if applicable), Topical Anaesthetic Consent Form and the Medical Health Form. You should have received these prior to the Procedure, if not please inform your technician.
- We do not exclude liability for any liability incapable of being excluded at law.

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QUESTIONS / STATEMENTS (circle "Yes" or "No")

1. I am 18 years old or above.	Y/N	application. I agree to book my appointment within this period and if the Procedure is not carried out within this period. I understand that I will be charged the appropriate fee in place at the time for the 're-touch' Procedure.	
2. I do not have any physical, mental, medical impairment or disability that may affect my ability to decide whether or not to have a Procedure done. I am not under the influence of alcohol or drugs.	Y/N	12. I understand that once the pigments are tattooed into the skin the colour will usually fade over time. I accept the fact that even though the colour may fade, the pigment will stay in the skin indefinitely.	Y/N
3. I have disclosed any relevant medical conditions by completing and signing the Medical Health Form.	Y/N	13. I have been informed that sterile disposable needles and pigment containers are used for each individual client and Procedure on each visit.	Y/N
4. I authorise the technician stated above to perform the Procedure(s) listed above on myself.	Y/N	14. Once a Procedure is completed it is likely that you will experience some swelling, bruising and/or redness of the skin. This will usually subside in about 4-5 days. You should be able to resume your normal activities immediately following the procedure, although you are strongly advised not to use any cosmetics or products (other than the Nouveau Contour healing balm you will receive) on affected areas. If you have had an eye Procedure, you may need to arrange for someone to drive you home. We would also advise you not to do any activities that would expose the affected area(s) to sun or cause your body to perspire excessively.	Y/N
5. I have followed the Pre-Procedure advice.	Y/N	15. I understand that lip Procedures may stimulate any dormant viruses in the lips, mouth or surrounding areas (e.g. herpes simplex). Any medication that I have or am currently using to treat a virus may affect the absorption of the pigment. I will consult my GP before having a Procedure done, if I am unsure whether I should have the Procedure.	Y/N
6. I confirm that have I read and understood the Sensitivity Patch Test Instructions and the Topical Anaesthetic Consent Form; and I carried out the sensitivity patch test for pigment and topical anaesthetics at least 24 hours before this appointment and reported the results to my technician.	Y/N	16. I understand that eye Procedures may stimulate dormant eye conditions or infections. Any medication that I have or am currently using to treat an eye condition or virus may affect the absorption of the pigment. I will consult my GP before having a Procedure done, if I am unsure whether I should have the Procedure.	Y/N
7. I understand that if I do not wait the full 24 hours after the sensitivity patch test before having a permanent cosmetics Procedure done; neither the technician, the salon, Nouveau Contour (UK) Ltd nor Nouveau Beauty Group Ltd shall be held liable for any adverse reaction that I may experience as a result.	Y/N	17. Once I have had a Procedure done, I have been advised that the true colour should be seen approximately 4 weeks after the Procedure (although this is not guaranteed and varies depending on the factors set out in (8) above).	Y/N
8. We want to manage your expectations, so please understand and appreciate that the results you get at the end of your Procedure may vary from individual to individual depending on a number of factors, namely: the skill of the technician; the colour pigment blended with your natural skin tone; the shape and position of your facial features; any medication that you are taking; your skin characteristics (dry, oily, sun-damaged, thin, thick); the PH balance of your skin; diet, alcohol intake and/or smoking; and any post operative care treatment (if applicable). If the end results are not what you expected, you have no automatic rights to make requests for any changes (unless the technician agrees to make changes).	Y/N	18. I agree to follow the Post-Procedure advice that I am given.	Y/N
9. I accept responsibility for determining the colour, shape and position of eyebrows, eyeliner, lip-liner / lip shading, beauty mark, tattoo or other as agreed during the course of my consultation.	Y/N	19. I consent to the taking of "before" and "after" photographs of my Procedure(s) and I assign all intellectual property rights (including all moral rights) in the photos to the technician that takes them, or to the salon that the technician is employed by.	Y/N
10. The application procedure for permanent cosmetics has been explained to me either before or on the day of my appointment; and I accept that non-toxic pigments will be used during the Procedure(s) and multiple applications of pigment may be required to try and achieve the desired colour. For this reason, I understand that may need to return for a 're-touch' Procedure after the first application.	Y/N	20. I confirm that I have asked any questions that I need to ask my technician, to ensure that I fully understand the different aspects of the procedure before having it done.	Y/N
11. The 're-touch' mentioned above can be carried out between 4 weeks and 3 months after the first	Y/N		

I have read and completed this form myself and my signature confirms this.

Client name (PRINT)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reviewed and authorised by Technician (name - PRINT)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please hand this form back to your technician before you have the procedure. Thank you.