



Client history and treatment form

Name _____ Date of treatment _____

Address _____

Email _____ Mobile _____

Emergency contact (name) _____ (and number) _____

Do you agree to before and after photos and give Clynic permission to use these photos for publication and/or teaching purposes? ☐ Yes ☐ No

How did you hear about Clynic? _____

Medical checklist (tick any that apply to you)

- | | |
|---|---|
| <input type="checkbox"/> Diabetes (requires doctor's approval) | <input type="checkbox"/> Fish oil in the last 7 days |
| <input type="checkbox"/> Currently on blood thinners | <input type="checkbox"/> Glaucoma (no eye tattooing) |
| <input type="checkbox"/> Taking aspirin (bleeding concerns) | <input type="checkbox"/> Dry eyes |
| <input type="checkbox"/> Any blood clotting problems | <input type="checkbox"/> Contact lenses
(please remove for eye tattooing) |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Eye disorders (not suitable for eyeliner) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Lash enhancement serum
(stop 4 weeks prior to eye liner tattoo) |
| <input type="checkbox"/> Hepatitis A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | <input type="checkbox"/> Cold sores (not suitable for lip tattoo) |
| <input type="checkbox"/> Facial surgery in the last 3 months | <input type="checkbox"/> Collagen injections/filler in lips |
| <input type="checkbox"/> Pregnancy or breast feeding
(not suitable) | <input type="checkbox"/> Coffee within 6 hours
(can cause blood thinning) |
| <input type="checkbox"/> Alcohol within 24 hours (not suitable) | <input type="checkbox"/> Currently taking medications (can effect
colour retention and tone) |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Antidepressants (will effect colour and
colour retention) |
| <input type="checkbox"/> Lupus or Cancer
(requires doctor's approval) | |
| <input type="checkbox"/> Seizures (not suitable) | |

Please provide details

Acknowledgement and consent

- ☐ I consent to the information on this form being used to provide best practice treatment.
- ☐ I understand that the information on this form will be help in accordance with the Australian Privacy Principals and Clynic's Privacy Statement which is located on the Clynic website or on request of from my therapist.
- ☐ I understand that this treatment is for cosmetic purposes only and that any medication I am taking may affect colour.
- ☐ No guarantees have been made to me regarding the results.
- ☐ I am responsible for aftercare as per instructions in the aftercare pack. I understand the risk of infection or fading of pigments if this is not carried out properly.
- ☐ I am aware that I will require a refinement appointment to achieve the final result.
- ☐ I will not hold the therapist responsible in the event of any damage and shall not be entitled to take action against them at law or in equity for such treatment.
- ☐ I understand that I can't donate blood for 6 months following a cosmetic tattoo procedure.
- ☐ I consent to the use of topical anaesthetic containing lidocaine and epinephrine.
- ☐ I have read and understand Clynic's cancellation/rebooking policies.
- ☐ I am over the age of 18 and not under the influence of alcohol or other drugs. I agree to the terms and conditions, and declare that to the best of my knowledge, the information I provided is true and correct.
- ☐ I consent to the procedure(s) indicated below be performed on me.

Signature _____ Date _____

Witnessed by technician performing the procedure Date _____

Therapist's notes

Procedure _____ Pigment colour _____

Needle size _____ Machine or hand tool used _____

Topical anaesthetic used _____ Cost _____

Comments _____