

SPMU/PMU CONSENT FORM



The following confidential medical information will be property of Gosh Gosh PMU & Training. This is required for the benefit and safety of the client in obtaining any and all procedures performed by Gosh Gosh PMU & Training. Please read and fill out the information carefully. We hope your experience will be a pleasant one and we thank you for your cooperation.

TICK APPROPRIATE



I am a Client



I am a Model for Student during a Basic/Advanced training course

PERSONAL / CONTACT DETAILS

Full Name (in capitals) _____ D.O.B _____

Mobile number _____ Email _____

Address _____ Postcode _____

TREATMENT(S) DETAILS

Date of the 1st treatment ____/____/____ Total price £ _____

Treatment(s) _____

Color/pigments used _____

Device and needles configuration used _____

Additional notes _____

Follow up procedures _____

Client / Model Signature _____ **Client / Model Date** _____

MEDICATION AND MEDICAL INFORMATION

Are you currently under the care of a doctor or hospital specialist? YES NO

If yes, please list the relevant details of your Doctor and Condition: _____

Have you recently undergone or plan to have any elective or necessary surgery? YES NO

If yes, please state: _____

Please tick all medical conditions that apply to you:

- | | | | | | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|----------|--------------------------|---------------------|--------------------------|
| Pregnant | <input type="checkbox"/> | Blood clotting disorders | <input type="checkbox"/> | Eye disorders | <input type="checkbox"/> | Scars | <input type="checkbox"/> | Major heart issues | <input type="checkbox"/> |
| Alopecia | <input type="checkbox"/> | Diabetes type 1 | <input type="checkbox"/> | Hyperpigmentation | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Iron deficient | <input type="checkbox"/> |
| Anemia | <input type="checkbox"/> | Organ transplants | <input type="checkbox"/> | Keloid scarring | <input type="checkbox"/> | Blisters | <input type="checkbox"/> | Infectious diseases | <input type="checkbox"/> |
| Eczema | <input type="checkbox"/> | Lung disease | <input type="checkbox"/> | Herpes simplex | <input type="checkbox"/> | Lupus | <input type="checkbox"/> | Dry eye syndrome | <input type="checkbox"/> |
| Psoriasis | <input type="checkbox"/> | HIV Positive | <input type="checkbox"/> | Breastfeeding | <input type="checkbox"/> | Cancer | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | Respiratory problems | <input type="checkbox"/> | Contact lenses | <input type="checkbox"/> | Vitiligo | <input type="checkbox"/> | Hepatitis C | <input type="checkbox"/> |
| Glaucoma | <input type="checkbox"/> | Skin disorders | <input type="checkbox"/> | Fainting Attacks | <input type="checkbox"/> | Fever | <input type="checkbox"/> | Venereal disease | <input type="checkbox"/> |
| Shingles | <input type="checkbox"/> | Wounds healing problems | <input type="checkbox"/> | | | | | | |
- Other _____

Please tick if you are taking any of the following medications:

- Accutane Anti-Coagulant Ibuprofen Aspirin Antabuse Antibiotics Insulin
- Steroids Antidepressants Blood Thinners Other _____

Please tick if you have any of the following allergies:

- Lidocaine Anesthetic Medicine Lanolin Food Nickel Latex Other _____

Do you have any imminent holiday plans? YES NO

Do you have or are you planning to have any Injectables, Botox, Fillers or Chemical peels? YES NO

Do you have any tattoo or semi-permanent/ permanent make up already? YES NO

Have you performed any cosmetic treatments (nails, eyelashes, tattoo) in another salon in the last 6 months? YES NO

Have you used dental services in the last 6 months? YES NO

I understand the importance of my accurate and complete medical history. And that withholding any medical information may be detrimental to my health and safety during the procedure. I understand that **if there is any change in my medical history that it is my responsibility to advise my specialist before every follow and other procedure.** YES NO

Client / Model Signature _____ **Client / Model Date** _____

Allergy (Consent/Waiver) Form

- I have undergone/been offered an allergy test prior to my initial treatment and thereby release the technician from any liability related to any allergic reaction or other reaction to applied pigments or other products used during and after the procedure YES NO
- I got familiar with Terms & Conditions, Policies and Eligibility Check on technician's official website www.goshgoshpmu.com and I accept them all. YES NO
- I got familiar with Pre and Post Advice on technician's official website www.goshgoshpmu.com and if any problem occurs I will contact technician directly YES NO
- I understand that all needles and machine parts used are individually wrapped, sterile and are disposed of after each client. I accept that whilst in the treatment room universal precautions are taken but that my risk of infection begins the moment, I leave the center. YES NO
- I agree to pay the sum agreed at the end of my treatment and there are NO REFUNDS. YES NO
- I understand that all SPMU/PMU Procedures are multi-session processes. An initial application is incomplete until after a follow-up appointment(s), which need to be scheduled 1-3 months after my initial appointment. There is my responsibility to make an appointment in time for touch-up. YES NO
- I confirm that I will agree pigment colours and final shape prior to any work commencing and that the technician will keep a log of the colours chosen by myself and/or by technician for my required procedure. All this information will be logged on file to assist with further visits. YES NO
- I understand that all the colors look intense for a few days after the procedure and fade during the healing process up to 50%, that include black pigments for eyeliner procedures which fade into grayish/navy colors. YES NO
- I understand that micropigmentation is not an exact science and every client heals differently, that I may require additional work (2nd touch-up) which I understand is chargeable. Results vary as it might be poor retention of pigment which technician is not responsible for. YES NO
- I understand all possible complications and/or side effects of the treatment (swelling, redness, allergic reaction, infection, herpes, bleeding, spreading/migration of pigments, damage to hair follicles, scarring, poor colour retention, colour turned cooler or warmer than expected, uneven pigment distribution). YES NO
- I understand there are no guarantees as to the success or longevity of my treatment. YES NO
- I confirm I will strictly adhere to the typed after care instructions posted/handed to me and only use the after-care products given/advised to use by technician (improper aftercare affects results greatly) YES NO
- I understand that if I have an MRI or CAT scan, I must tell the radiologist that I have had a cosmetic tattooing. I might experience a slight tingling in the affected area. YES NO
- I fully agree to photographs/videos being taken prior to, during and after procedure which will be kept on file and not used for any other purpose. YES NO
- I agree for my photos/videos to be used for advertising and marketing purposes on social media sites and on webpages but also for future teaching materials and other lawful purposes. YES NO

Client / Model Signature _____

Client / Model Date _____

Important!

All semi-permanent procedures require touch-up(s), unless you are happy with a single procedure. I highly recommend that they need to be done from 1 month to 3 months after the first procedure. Cost of each touch up in this time frame is £50. It is Your responsibility to make a follow up appointment in time (please keep in mind that sometimes I have a few weeks waiting list so please make an appointment in advance). Any touch-ups done after 3 months from initial treatment are treated as Color Boost (please check current price list on www.goshgoshpmu.com). If you do not return/contact me in the agreed time scale it is deemed that you are happy with a single procedure.

Deposits and cancellations

I require a Non-Refundable deposit on all bookings, which will be deducted from the price paid at the end of the appointment. I need a minimum 48 hours' notice to reschedule/cancel any appointments for any reason. Failure to give at least 48 hours' notice will result in the deposit being forfeited and You will need to pay a new deposit to make another appointment. Every deposit needs to be used within 3 months from the date of Your first originally booked appointment. I may refuse more than 2 re-booking requests from you without refunding you your deposit.

Confidentiality

You agree that **Gosh Gosh PMU & Training** will keep and process **your personal data** strictly in accordance with the **Provisions of the Data Protection Act 2018** (United Kingdom Act of Parliament which updates data protection laws in the UK. It is a national law which complements the European Union's General Data Protection Regulation GDPR and updates the Data Protection Act 1998) in order to:

- provide services
- sending emails / SMS with a reminder to visit or issue a bill/invoice

We do not sell any of your personal data, this includes your name, address and email address. However We share your Personal Information with third parties to help us use your Personal Information.

Your personal data may be disclosed to any of the following:

- in addition, we may disclose information about you if we are required to do so by law or legal process, to law enforcement authorities or other government officials, or to protect our rights

Where applicable information is shared with a third party, these third parties are obliged to observe the confidential nature of such information and are prohibited from using any or all of this information other than for the purpose for which it was provided.

Your personal data will be stored only for the period of using our services and for no more than 5 years from the beginning of the year following the year in which you stopped using our services.

Transferring data internationally

Where we transfer personal data to a country or territory outside the European Economic Area, we will do so in accordance with data protection law.

How you may access your personal data

You may access your personal data held by **Gosh Gosh PMU & Training** data content, correct, delete or limit processing at any time by making a request to us: info@goshgoshpmu.com

Normally we will provide a record of your personal data to you via email and we will not charge a fee. If your request is unlawful or may interfere with the privacy of others we may reasonably refuse to provide access to your personal data. If you would like us to update or amend your personal data, please contact us and we will make the requested amendments. We may ask you to verify your identity through full name, and email address to ensure that personal data we hold is not improperly accessed.

If you make a subject access request, and if we do hold information about you, we will:

- Give you a description of it
- Tell you why we are holding and processing it, and how long we will keep it for
- Explain where we got it from, if not from you
- Tell you who it has been, or will be, shared with
- Let you know whether any automated decision-making is being applied to the data, and any consequences of this
- Give you a copy of the information in an intelligible form You may also have the right for your personal information to be transmitted electronically to another organisation in certain circumstances.

You're other rights regarding your data

Under data protection law, individuals have certain rights regarding how their personal data is used and kept safe.

You have the right to:

- Object to the use of your personal data if it would cause, or is causing, damage or distress
- Prevent your data being used to send direct marketing
- Object to the use of your personal data for decisions being taken by automated means (by a computer or machine, rather than by a person)
- In certain circumstances, have inaccurate personal data corrected, deleted or destroyed, or restrict processing
- Claim compensation for damages caused by a breach of the data protection regulations

Dispute resolution and liability

If You have any cause to complain about my services (**Gosh Gosh PMU & Training**) You agree in the first instance to put your complaint in writing to info@goshgoshpmu.com email address and not to publish (or cause the publication of) Your complaint any more widely whether orally to third persons, in writing to third persons or to the world at large using the internet. I will investigate Your complaint and give My considered response to it within 30 days of Your complaint being received. If you publish (or cause to be published) any defamatory statements about me or any of my services to any third parties (whether using social media or otherwise) then I reserve the right to claim damages against You in defamation proceedings before the Court for such sum as I am advised to claim by my legal advisors.

Client / Model Signature _____ **Client / Model Date** _____

Therapist Signature _____ **Therapist Date** _____

SECTION FOR MODELS ONLY

Please fill in below only if you are a model during training course

I understand that I am a model for a student carrying treatment under the supervision and with help of a Teacher YES NO

I understand that the student is learning and although we make the treatment 100% satisfied some imperfections might happen. YES NO

I understand if I would like to have a touch up it will be carried out by Advanced Technician/Teacher at cost of 50£ and within 3 months (standard T&C apply) YES NO

Client / Model Signature _____ **Client / Model Date** _____

Therapist Signature _____ **Therapist Date** _____