Scalp Micropigmentation (SMP)

Client Information

Client Name :

Address :

Telephone Number :

E mail :

Consent for Email and Phone Contact

We value your privacy and are committed to protecting your personal data. By providing your contact details, you consent to receiving communications from us via email and/or phone regarding our services, offers, and updates.

You can withdraw your consent at any time by contacting us at hello@saraduane.com or following the unsubscribe instructions in our emails. We will never sell or share your information with third parties for marketing purposes.

For more details on how we handle your data, please see our Privacy Policy on our website www.saraduane.com.

☐ ***I consent to receive emails from Sara Duane.***
☐ ***I consent to receive phone calls and SMS from Sara Duane.***

By ticking the boxes above, you agree that we may process your personal data in accordance with our Privacy Policy and applicable data protection laws.

Age Verification

☐ ***I confirm that I am over 18, which is the legal age required for this procedure. I acknowledge that the practitioner has verified my age and that proof of age may have been required before treatment.***

☐ ***I am not over 18 and therefore, my parent/legal guardian is signing this form on my behalf.***

Client Medical History

Scalp Micropigmentation (SMP) is a form of medical tattooing designed to replicate the appearance of natural hair follicles, creating the illusion of a fuller scalp. This procedure is commonly used to address hair loss caused by conditions such as alopecia, pattern baldness, or scarring from injury or surgery. Certain medical conditions and medications may affect healing or impact the final results.

Medications

Are you taking/have you taken any of the following in the past 6 months?

☐ Anticoagulants (e.g. aspirin, warfarin, blood thinners)
☐ Steroids or other immune-suppressing medications
☐ Retinol, Accutane, or Vitamin A-based skin treatments (in the last 6 months)

Have you taken any other medications, prescribed, over the counter or holistic in the last 6 months?*

☐ Yes
☐ No
**If you answered yes to the above question, please list all medications below :*

General Health Conditions

Do you have or have you ever had any of the following? (tick all that apply)

☐ Heart disease, high blood pressure, or circulation disorders
☐ Diabetes (Type 1 or Type 2)
☐ Epilepsy or history of seizures
☐ Blood disorders (e.g., haemophilia, clotting issues)
☐ Conditions that compromise immunity (e.g., HIV, chemotherapy, autoimmune disorders)
☐ Skin conditions (e.g., psoriasis, eczema, keloid scarring)
☐ Pregnant or breastfeeding
☐ Allergies (including latex, numbing agents, pigments, or other substances)

☐ I confirm that the information provided is accurate and complete to the best of my knowledge. I accept full responsibility for informing my practitioner of any changes to my health before future treatments.

Procedure Information

I acknowledge that I have received a full explanation of my SMP procedure, including:

- The process, which involves applying pigment into the scalp over a number of sessions to camouflage hair loss..
- That individual results vary, as successful pigment implantation depends on skin type, scar tissue, pigment depth, and age.
- That healing time varies, and temporary side effects may include redness, swelling, crusting, and scabbing.
- The potential risks, including but not limited to:
    - Infection, redness, or swelling at the treatment site
    - Uneven pigment retention, requiring additional sessions
    - Allergic reactions to any products used
    - Scarring, hyperpigmentation, or hypopigmentation in rare cases
    - Possible pain or discomfort during the procedure

□ ***I confirm that I have read and understood this information.***

Social Impact Statement

I understand that Scalp Micropigmentation (SMP) is a permanent medical tattooing procedure that can have a significant emotional and psychological impact.

- This procedure is intended to restore the appearance of a fuller scalp by replicating the look of natural hair follicles, helping to enhance confidence following hair loss, surgery, or trauma.
- The pigment may fade over time, and touch-up sessions may be required to maintain the desired results.
- Results are influenced by factors such as skin type, scarring, and previous treatments or surgeries on the scalp.
- Sun exposure can cause the natural skin to tan, potentially making the treated area appear lighter in contrast. To maintain an even appearance, it is recommended to use sun protection on the scalp.

□ ***I acknowledge that I have considered the long-term effects of this procedure.***

Aftercare Advice

Proper aftercare is crucial for healing and optimal results. I have received and understood detailed aftercare instructions, including:

- Avoid touching, scratching, or picking the treated area to prevent infection and pigment loss.
- Keep the area clean and dry for the first few days (no excessive water exposure).
- Avoid wearing hats or head coverings on the tattooed area until healed.
- Avoid sun exposure, tanning beds, saunas, and swimming pools during the healing phase.
- Apply recommended healing balms or ointments as instructed by my practitioner.
- Be aware that minor scabbing, peeling, or flaking may occur, which is a normal part of the healing process.
- Understand that colour may fade by up to 40% during healing and that a touch-up session may be required.

□ ***I agree to follow the aftercare instructions provided and understand that failing to do so may affect the outcome of my treatment.***

Client Declaration & Consent

By signing this form, I confirm that:

✔ I have provided accurate and truthful information about my medical history.
✔ I understand the process, potential risks, and long-term effects of the treatments.
✔ I acknowledge that results vary, and I may require further treatment to achieve the desired results.
✔ I am not intoxicated and consent to proceed with the procedures voluntarily

□ ***I understand and agree that a minimum of 72 hours' notice is required to cancel or reschedule my appointment. If I provide less than 72 hours' notice and the appointment cannot be filled, I accept that any payment made will be forfeited.***

Signature:

Date:

Practitioner Signature:

Date: