

Microblading _____
Lip Blushing _____
PMU Eyeliner _____

PERMANENT MAKEUP

CLIENT INFORMATION FORM



Appointment date / time: _____

FULL NAME:

DOB:

CURRENT AGE:

ADDRESS:

CITY:

ZIP CODE:

PHONE:

EMAIL:

Have you ever had a cosmetic tattoo or permanent makeup procedure before? If yes, when was your last procedure?

Yes / No

What would you like to improve/change about the area? Consider shape, color, density, thickness...

Do you have moles/raised areas in or around the treatment area?

Yes / No

List any medications you have been taking in the past 6 months:

Do you have or have you had a piercing in treatment area?

Yes / No

Have you received chemotherapy or radiation in the past year? When?

Yes / No

Are you currently wearing lash extensions of any kind?

Yes / No

CLIENT INFORMATION

Continued

Have you ever had an allergic reaction to any of the following (please circle):

- Latex • Vaseline • Metals • Lanolin • Medication • Hair Dyes
- Foods • Paints • Lidocaine • Crayons No • Glycerin

Have you ever had a cold sore/fever blister?

Yes / No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore/fever blister.

Have you ever had one of the following (please circle):

- | | | |
|--|--|--|
| <input type="radio"/> Hair Loss | <input type="radio"/> Epilepsy | <input type="radio"/> Fainting spells or dizziness |
| <input type="radio"/> Anemia | <input type="radio"/> Artificial Heart Valve | <input type="radio"/> Circulatory Problems |
| <input type="radio"/> Sensitivity to cosmetics | <input type="radio"/> Low Blood pressure | <input type="radio"/> Hypertrophic or keloid scars |
| <input type="radio"/> Prolonged bleeding | <input type="radio"/> High Blood Pressure | <input type="radio"/> Liver Disease |
| <input type="radio"/> Diabetes | <input type="radio"/> HIV | <input type="radio"/> Alopecia |
| <input type="radio"/> Trichotillomania | <input type="radio"/> Hemophilia | <input type="radio"/> Tumors, growths, cysts |
| <input type="radio"/> Joint Replacements | <input type="radio"/> Thyroid disturbances | <input type="radio"/> Botox/filler injections |
| <input type="radio"/> Healing problems | <input type="radio"/> Cancer | <input type="radio"/> Hepatitis |

Do you scar easily?

Yes / No

Do you bruise/bleed easily?

Yes / No

Please read the following statements carefully. Permanent makeup is a way of cosmetic tattooing, intended to be semi- permanent lasting average 12-18 months. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading and/or permanent makeup may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment.

A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone under the age of 18.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after your procedure, you should notify/discuss with your doctor. Possible scarring may occur.

I have received after care information and I'm fully aware of the aftercare procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client's Name

Client's Signature

Date / Month / Year

Cosmetic Professional

PERMANENT MAKEUP PRE-PROCEDURE INFO/ADVICE

Please read the following advice carefully and sign at the end:

- Permanent makeup procedures normally require multiple treatment sessions. For best results, clients will be required to return for at least one finishing session. This will take place 4-6 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will typically reduce by 30-50%.
- Although numbing cream/solution is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red, bruised and/or swollen after the procedure.
- Please do not drink alcohol 24 hours prior to the treatment.
- Unless medically necessary, please avoid taking things that thin the blood like fish oils, herbals, Vitamin E, aspirins, and/or ibuprofen and do not donate plasma in the 7 days prior to procedure.
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard.
- A patch test can be performed, unless waived by client. It is the client's responsibility to schedule this at least one week prior to procedure.
- Patients prone to cold sores/fever blisters should take an anti-viral prior to treatment.
- Hormone therapies can affect pigmentation and/or cause sensitivity.
- Discontinue use of any brow- or lash-growth serums such as Latisse or RevitaLash, as it can cause sensitivity/affects pigment retention.
- Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure.
- Specifically for microblading/PMU brow procedures:
- Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure.
- No electrolysis for at least 5 days before the procedure.
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure.
- Chemical and laser peels should be avoided no less than 6 weeks prior to procedure.

Topical Anesthetic Advice:

- Allergic reaction can occur from any anesthetics (lidocaine) used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.
- Numbness – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- IMPORTANT – For PMU Eyeliner/Lash Enhancement Procedure: Although not very common, topical lidocaine used during the procedure can cause temporary pupil dilation especially in clients with lighter-colored eyes. This results in blurriness of vision for a few to several hours following the procedure. For this reason, we urge all clients as a precaution to plan for another person to drive them home. You will be asked to sign and initial that you have a backup ride from the spa in the case of said dilation/blurriness of vision, if necessary, on the day of the procedure before lidocaine is applied.

I have read and fully understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the permanent makeup procedure. I agree to follow pre- and post- procedure advice closely.

Client's Name

Client's Signature

Date / Month / Year

Cosmetic Professional

PERMANENT MAKEUP PRE-PROCEDURE INFO/ADVICE CONTINUED

Please read the following information carefully and sign at the end:

What To Expect On The Day of Procedure:

Microblading/PMU Brows Procedure

When you arrive at your appointment, a brow map will be customized by a series of horizontal, vertical, and diagonal lines, based on your skin's proportions and drawn on with an oil-based crayon, thus, framing the area within which hair-like strokes, shading, and/or a combination of both will be micro-pigmented/tattooed into the dermis of the skin. (See for For Either Procedure)

Permanent Eyeliner Procedure

Please arrive at your appointment without ANY eye makeup/cosmetics INCLUDING LASH EXTENSIONS. A thick layer of numbing cream will be applied and allowed to penetrate and take effect for 20-30 minutes. After the anesthetic is carefully removed, a map will be pre-drawn with an oil-based crayon, demonstrating the area that will be micro-pigmented/tattooed into the dermis of the skin. (See for For Either Procedure)

- As a reminder: Although not very common, topical lidocaine used during the procedure can cause temporary pupil dilation especially in clients with lighter-colored eyes. This results in blurriness of vision for a few to several hours following the procedure. For this reason, we urge all clients as a precaution to plan for another person to drive them home. You will be asked to sign and initial that you have a backup ride from the spa in the case of said dilation/blurriness of vision, if necessary, on the day of the procedure before lidocaine is applied.

For EITHER PROCEDURE

Before any tattooing occurs, you will sign off on said map/pre-draw along with the color of pigment demonstrated by its application to the forehead. After signing, the micro-pigmentation procedure will begin, one side at a time, using a rotary pen, equipped with a sterilized, disposable needle cartridge(s). Between passes - starting after the first - a numbing solution of lidocaine will be applied to add to comfort level. The products are formulated to be perfectly safe and can be purchased over the counter from most pharmacy/chemist. As a result of the treatment, combined with the use of the anesthetic, you can expect to experience some redness/swelling that can last 1-4 days. Pigment will be wiped throughout the procedure, and your technician will keep you informed on the progress. Before and after photos will be taken if/when photo release is signed. You must always follow your post procedure advice and after care for the best results.

I have read and fully understood the above information regarding the process of the procedure to be received. If receiving permanent eyeliner/lash enhancement, I understand the topical anesthetic risks may include possible pupil dilation and subsequent blurriness of vision to follow, and therefore, I agree to plan for an alternative ride from the spa following the procedure.

Client's Name

Client's Signature

Date / Month / Year

Cosmetic Professional

INFORMED CONSENT FOR PERMANENT MAKEUP

I, _____, am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

_____ If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the Permanent Makeup procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

_____ I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

_____ I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeat procedure.

_____ The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

_____ Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up.

_____ I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.

_____ To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

_____ I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure.

_____ I can confirm that I have received a copy of after care details.

INFORMED CONSENT Continued

_____ I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin.

_____ I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi- permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure.

There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. Initial one or the other, not both: I consent to the patch test OR I waive the patch test

_____ I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my permanent makeup procedure. I acknowledge some of these potential adverse changes may not be correctable.

_____ I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I give _____ permission to perform my Permanent Makeup procedure.

Client's Name

Client's Signature

Date / Month / Year

Cosmetic Professional