



CLIENT INFORMATION

Name _____ Today's Date ____/____/____

Email _____

Cell Phone (_____) _____

Home(_____) _____

Street Address _____

Apt. _____ City _____ State _____ Zip _____ Occupation: _____

_____ If we call you at home, do you want confidentiality? ☐ No ☐ Yes

May we call you at work? ☐ No ☐ Yes If Yes, my work number is (_____) _____ Date of Birth ____/____/____

If under 18 yrs. old, a parent/guardian must consent to this agreement and be present for consult/procedure.

Parent/Guardian _____ Phone(____) _____

Emergency Contact _____ Phone(____) _____

Relationship _____

Salon/Clinic Location of Service _____

Who may we thank for referring you? _____

PROCEDURE(S) DESIRED:

PERMANENT MAKEUP

☐ Brows (circle all that apply: MICROBLADING / POWDER)

☐ Eyeliner (circle all that apply: TOP / BOTTOM / WINGED) Preferred Color: _____

☐ Lips (circle all that apply: LIPLINER / SHADING) Preferred Color: _____ ☐

Correction Explain: _____ ☐ Camouflage Explain: _____

_____ ☐ Areola Complex ☐ Scalp Micropigmentation

(area _____)

I would like a **PATCH TEST** done to ensure I am not going to have an allergic reaction to the pigments or topical anesthetics. There is a 5-7 day waiting period after patch test before procedure. ☐ Take ☐ Waive



PHOTOGRAPHY RELEASE

Your treatment will be documented with photos/videos to, visually, monitor progress of results and keep accurate, individual records. *Prodigo Day Spa* would appreciate your willingness to share your results with others for training and marketing purposes. Any materials used from your treatment(s) for advertising/ education will remain anonymous.

I give full consent for all photographs/footage captured before, during, and after treatment to be used by *Prodigo Day Spa* for advertising and educational purposes in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation for the use of such materials. I understand that all materials will remain the property of *Prodigo Day Spa*.

Signature _____ Date ____ / ____ / ____



MEDICAL HISTORY

List all medications you are **PRESENTLY** taking

Medication / Vitamin Mg/mcg., daily Purpose

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all medications you took in the **last six months** that you no longer take

Medication / Vitamin Mg/mcg., daily Purpose

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you take Accutane? ☐ Yes ☐ No Do you take Blood Thinners? ☐ Yes ☐ No Are you Pregnant / nursing? ☐ Yes ☐ No Are you allergic to latex? ☐ Yes ☐ No

List all known **ALLERGIES**

_____	_____
_____	_____
_____	_____

Do you **HAVE or HAD....** (check all that apply and provide last treatment dates) ☐

History of MRSA ☐ Hepatitis (A,B,C,D) ☐ Type I Diabetes ☐ Type II Diabetes ☐ Tumors, Cysts, Keloids ☐

Bleeding Disorder _____ ☐ Alcoholism ☐ Abnormal Heart Condition ☐ Shingles ☐ Glaucoma ☐

Cataracts ☐ Graves' Disease ☐ Blepharitis ☐ Seizures ☐ Lasik surgery ☐ Diagnosed Mental Disorder

_____ ☐ Cold Sores (___/___/___) ☐ Cold/Flu ☐ Autoimmune Disorder

_____ ☐ Difficulty Numbing ☐ Cancer _____ (

___/___/___) ☐ Chemotherapy ☐ Radiation ☐ Rosacea ☐ Eczema/Psoriasis ☐ Chemical Peel (___/___/___) ☐

Oily Skin

MEDICAL HISTORY **continued...**

- ☐ Laser treatment (___/___/___ area of body_____) CBotox/Dysport (___/___/___) ☐ Face Lift (___/___/___) ☐ Brow/Forehead Lift (___/___/___) ☐ Brow Tint ☐ Lash Tint ☐ Fillers (Juvederm, Restalyne, Voluma, Sculptra, Silk, etc. ___/___/___) ☐ Eye Contacts ☐ Tanning (booth or sun) ☐ Tattoo removal _____ (___/___/___) ☐ Use of Retinols/Retinoids (Vitamin A) ☐ Latisse ☐ Joint Replacement _____ (___/___/___) ☐ Dental Implant (___/___/___) ☐ Organ Transplant _____ (___/___/___) ☐ Alopecia Totalis or Areata ☐ Trichotillomania (pulling out hair, brows, lashes) ☐ Claustrophobia ☐ Metal rods ☐ Stents
- ☐ Other Disease/Ailment/Procedure not listed

Explain:_____

All above information is true and accurate to the best of my knowledge. Signature

_____ **Date** ___/___/___