



## *Permanent Cosmetic Consent Form*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_

Are you 18 years or older?

- Yes
- No, my parent or guardian is signing for me

Which service are you here for today?

- Microblading
- Combo Brows
- Powder Brows
- Freckles/ Beauty mark

Are you pregnant or nursing?

- Yes
- No

How did you hear about us ?

\_\_\_\_\_  
\_\_\_\_\_

# Contraindications

Please carefully read over all contraindications. If any of these apply to you, we will not perform the procedure

- Pregnant or nursing
- Hemophilia (Cannot stop bleeding)
- Heart conditions
- Bleeding disorders
- Currently on or have been on accutane in the last year
- Undergoing Chemotherapy/Radiation
- Have Eczema or Rosacea in or around the area

Must have a Doctor's note if:

- Joint replacements in the last 5 years
- If you require any pre-medications
- If you have had any organ transplants within the last 5 years
- Autoimmune disease

Prior to your appointment please for-go

- Using any retinol/Vitamin A/ skin exfoliants (2 weeks prior)
- Professional chemical peels + Laser (1 month prior)
- No botox 2 weeks prior to appt.
- Any brow growth serums or conditioners (2 weeks prior)
- Using any tanning beds/ direct sun exposure (2 weeks prior)

\*Please understand all the things listed above will affect the way your PMU heals and how your skin receives the pigment. Keep in mind, there are so many factors in PMU and the healing process. How you care for them when you leave is part of the entire process.\*

I have read and agreed to the above information provided to me

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

# Medical History

Allergies:

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Current list of medications:

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**Check all that apply to you  
 & the date of occurrence or consumption**

<input type="checkbox"/> Cancer	<input type="checkbox"/> Joint Replacement	<input type="checkbox"/> Eczema	<input type="checkbox"/> Rosacea
<input type="checkbox"/> Chemo	<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Nursing
<input type="checkbox"/> Radiation	<input type="checkbox"/> Keloid scarring	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Cold
<input type="checkbox"/> Botox	<input type="checkbox"/> Alopecia	<input type="checkbox"/> Trichotilomania	<input type="checkbox"/> Shingles
<input type="checkbox"/> Strokes	<input type="checkbox"/> Heart attack	<input type="checkbox"/> Autoimmune	<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Chemical peel	<input type="checkbox"/> Heart disorder	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Hepatitis A,B,C,D
<input type="checkbox"/> Accutane	<input type="checkbox"/> Tanning bed	<input type="checkbox"/> Oily skin	<input type="checkbox"/> Thyroid disease

**I have read and agreed to all terms and conditions. All the above information is correct**

Signature\_\_\_\_\_Date\_\_\_\_\_

# Photo Consent



- I give Grit Lounge consent to capture photos/videos before, during and after my procedure. I understand that these photos may be used for reference during my next appointment, marketing and educational purposes. Photos will also be stored in our system so we can watch your progress and refer back if necessary.
- My photo may ONLY be used to store in my file. I prefer to not be used for marketing

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I understand Permanent makeup is NOT a guarantee
- I understand that a third session may be necessary depending on how my skin retains the pigment
- I understand that the cost of any initial brow appt includes the first session and the follow up ONLY. Any additional appt. Is extra
  - I understand that i must follow all aftercare instructions to get my best results
  - I understand that pigment color will change over time. This requires annual maintenance
    - I understand that my artist and myself will agree on the shape of my brows before performing my procedure
- I understand that by getting PMU I'm at risk for infection because it is an open area on my face. I am responsible for keeping the area clean
  - I understand my artist uses all disposable tools and is certified in bloodborne pathogens
  - I understand that sun exposure, tanning beds and exfoliants will fade my PMU and may alter the color
    - I understand that my artist will be using a topical anesthetic for my comfort
    - I understand results may vary per person and per skin type
- I understand my artist will go over all aftercare instructions in detail for me to understand

Signature \_\_\_\_\_ Date \_\_\_\_\_

Artist: \_\_\_\_\_ Date \_\_\_\_\_

## *\*A few more things\**

Please understand, no permanent makeup is a guarantee. As most people are candidates, some are not. Unhealthy skin will work against us. Please follow any and all pre and post care directions so that we can achieve the best results. Skin tone, skin health, skin type all play major roles in your PMU journey. Our technique and your care will get us our best outcome.

*Thank you*

For choosing us for your permanent makeup needs! Here at Grit we are committed to providing you with excellent and natural results. Your safety and satisfaction are important to us and always come first. We are so excited to have you and can't wait to see you back!