



PERMANENT MAKE-UP CLIENT FORM

<i>Today's Date:</i>	
<i>Name:</i>	
<i>DOB:</i>	
<i>Address:</i>	
<i>City / State / Zip</i>	
<i>Phone (Cell)</i>	
<i>Email address:</i>	
<i>Emergency Contact: (Name, Relation, Phone)</i>	

What service will you be receiving today?

- Eyebrows
 Lips
 Cosmetic Tattoo Removal
 Faux Freckles
 Lash Enhancement (Eyeliner)
 Other _____

How did you hear about us?

- Internet
 Referral (Name) _____
 Community Event
 Other _____



MEDICAL INFORMATION

<i>Any medical conditions?</i> <i>(i.e. high blood pressure, asthma, anxiety, irregular heartbeat, diabetes, etc ...)</i>	
<i>Any allergies (i.e. food, medications, seasonal, etc...)?</i>	
<i>Have you ever had a cold sore?</i>	<i>Yes _____ If yes, when was your last cold sore? _____</i> <i>No _____</i>

Please check all conditions listed below that apply to you:

<i>Diabetes</i>	<i>Hemophilia or Other Bleeding Disorder</i>	<i>Tuberculosis</i>	<i>Asthma</i>
<i>Epilepsy or Seizures</i>	<i>Taking Blood Thinners</i>	<i>Eczema/Psoriasis or Other Skin Conditions</i>	<i>Allergic to Latex</i>
<i>Fainting or Dizziness</i>	<i>Herpes (active or dormant)</i>	<i>Scarring/Keloids</i>	<i>Allergic to Antibiotics</i>
<i>Heart Condition</i>	<i>Pregnant or Nursing</i>	<i>Fever (within past 14 days)</i>	<i>History of Anaphylaxis</i>
<i>Tenderness</i>	<i>Hepatitis B Virus</i>	<i>Hepatitis C Virus</i>	<i>HIV/ AIDS</i>
<i>COPD</i>	<i>Recreational Drug Use</i>	<i>Other (List):</i>	

Date/ Time of Last Meal:

Do you have any allergies to metals, soaps, cosmetics, latex, food, medications, alcohol, or anything else? If so, please list:

Are you on any medication(s)? If so, please list:



Do you have any medical or skin conditions that may impact the outcome of your procedure? If so, please list:

Have you ever been prescribed antibiotics prior to dental or surgical procedures?

Is there any other information you feel you should provide to the body art practitioner?

Any alcohol intake for the past 24 hours? Yes No If Yes, When? _____

Are you currently using Latisse or any other lash enhancement prescription? If yes, when was your last application?

The information I have provided is complete and true to the best of my knowledge.

Signature: _____

Date: _____

Sign Below If No Changes To Medical Information:

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

Signature: _____

Date: _____



Permanent Makeup Consent Form

Permanent Makeup

Micro-pigmentation is the process of placing pigment into the skin. These pigments can last a few years or indefinitely, depending on skin tone and the intensity of the color that is used. Lighter skin tones will not hold the color as long as darker skin tones and may require occasional touch-ups to prolong the results of the procedure. Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 30-40%, soften and look more natural.

Possible risks, hazards or complications

- Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. Lip procedures are more likely to involve some pain.
- Infection: Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- Uneven Pigmentation: This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.
- Excessive Swelling or Bruising: Some people bruise and swell more than others. Ice packs may help, and the bruising and swelling typically disappears within 1-5 days. Some people don't bruise or swell at all.
- Eye Exposure: There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Genteal, a thick eye drop can be used to protect the eye prior to the procedure. Eye saline solution can be used to cleanse and flush the eye after the procedure is complete.
- Anesthesia: Topical anesthetics are used to numb the area to be treated. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form may typically be used. **If you are allergic to any of these please inform us now.**
- Fever Blisters: If you are prone to cold sores or fever blisters, (herpes simplex virus), there is a high probability that you will get them. It is advised that you call your doctor to inquire about a prescription for an anti-viral to help prevent this from occurring.
- Allergic Reaction: While every effort is made to minimize the risk of allergic reaction, there is a possibility of an allergic reaction.

Please read and initial all lines

___ I agree that the procedure description of body art, as explained to me, is correct to my specifications.

___ I understand there is a possibility of scarring.

___ I understand there is a possibility of difficulty in detecting melanoma.

___ All questions about the body art procedure have been answered to my satisfaction, and I have been given aftercare instructions for the procedure I am about to receive.

___ I understand that tattooing is permanent and that if I choose to have it removed, it may be expensive and leave scars.

___ I am the person on the legal ID presented as proof that I am at least 18 years of age.



I am **not** under the influence of alcohol or drugs and I am voluntarily submitting to be tattooed without duress or coercion.

I understand there is a possibility of an allergic reaction and infection.

I agree to follow all instructions concerning the care of my body art, and that any touch-ups due to my own negligence will be done at my own expense.

I understand that failure to follow verbal and/ or written instructions may and can result in termination of Brow A Beauty Boutique's client relationship and ability to provide future follow-up services. Termination of the client relationship may be made at the discretion of Brow A Beauty Boutique and/ or the permanent make-up artist.

I agree to immediately notify the artist in the event I feel lightheaded, dizzy and/or faint before, during or after procedure.

I understand that tattoo inks, dyes, and pigments have not been approved by the federal Food and Drug Administration(FDA) and that the health consequences of using these products are unknown.

Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

Fever blisters may occur in lip procedures in individuals who have the herpes simplex virus and it is my responsibility to obtain a prescription from my doctor for an anti-viral medication to help avoid a breakout.

I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.

I understand that sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

I understand that successful lip color saturation can NOT be guaranteed due to hidden scar tissue.

I accept the responsibility for explaining to you my desire for specific colors, shape, and position for any procedure completed.

I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session within 30-60 days.

I acknowledge that the proposed procedure(s) involve risks inherent in the procedure and have possibilities of complications during and/or following the procedures such as, but not limited to infection, misplaced pigment, poor color retention or hyper-pigmentation.

I certify that I have read or have read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize Brow A Beauty Boutique to perform on my body the permanent makeup procedure.

Signature _____

Date: _____



Post Procedure

- Swelling, itching, scabbing, light bruising and dry tightness can occur: Ice packs are a nice relief for swelling and bruising.
- Too dark and slightly uneven appearance: After 2-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks, adjustments during the touch up appointment can be made.
- Color change or color loss. As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up is necessary. The procedure area must be completely healed before we can address any concerns. This takes at least four weeks.
- Needing a touch up months or years later: A touch up may be needed 1 to 5 years after the initial procedure depending on your skin, medications and sun exposure.

Failure to follow after care instructions may result in infections, pigment loss or discoloration.

I have read and understand the nature, risk, and possible complications 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, allergic reaction, scarring, inconsistent color, and spreading, or fading pigments.

I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I understand that this procedure is an art, not an exact science.

I have received post procedure instructions and I will strictly adhere to such instructions. I understand that my failure to do so may jeopardize my chances for a successful procedure and may result in loss of pigment.

ACKNOWLEDGEMENT: My questions regarding the permanent make up procedure have been answered to my satisfaction. I understand the procedure and accept the risks. I hereby release Brow A Beauty Boutique, LLC., their employees and the permanent make-up artist from all liabilities associated with the above indicated procedure.

Photography Release Consent

I understand that the taking of before and after photographs of the said procedures is a condition of such procedure. I grant permission for the use of the photographs, or electronic media images as identified, in any presentation of an and all kind.

Signature _____

Date: _____



<i>Date</i>	<i>Service</i>	<i>Description</i>	<i>Total Price</i>	<i>C/C</i>	<i>Spec.</i>
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	
				<i>C/C</i>	
				<i>Cash</i>	

Technician Notes
