

PERMANENT MAKEUP CONSULTATION FORMS

DATE _____ NAME _____ AGE _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
EMAIL _____ PHONE NUMBER _____
OCCUPATION _____ REFERRED BY _____

WHAT IS THE EFFECT THAT YOU WANT?

EYEBROWS:

Individual hair strokes _____
Eyebrows shading _____
Ombre _____
Combination of shading and individual hair strokes _____
Combination of shading and borders _____

UPPER EYELINER:

Eyelash enhancement: _____ just in between the eyelashes
Doming eyeliner: _____ thin, thick, thin
Narrow to wide eyeliner: _____ Thin at the nose and thick towards the outer corner
Wide to narrow eyeliner: _____ Thicker at the nose and thinner toward the outer corner of the eye

BOTTOM EYELINER:

Eyelash enhancement: _____ just in between the eyelashes
Doming eyeliner: _____ thin, thick, thin
Narrow to wide eyeliner: _____ thin at nose and thick towards outer corner _____

LIPS:

Lip liner _____ Full lip _____ Lip extension _____
Combination of full lip and lip liner _____
Combination of Full lip and lip extension _____
Combination of Full lip, lip extension, and lip liner _____

OTHER: Explain _____

WHICH COLOR DO YOU WANT FOR YOUR MAKE-UP?

Top eyeliner: _____ Bottom eyeliner _____
Brows: _____ Lip liner: _____

Full lips _____

PREVIOUS PERMANENT MAKEUP

Date when it was performed _____

1. SHAPE Correct _____ Incorrect _____
2. COLOR Brown _____ Greish _____
Bluish _____ Purplish _____ Reddish _____
3. COLOR INTENSITY
Light _____ Medium _____ Dark _____

NOTES: _____

FACIAL ANALYSIS:

1. The shape of your face:
Long _____ Round _____ Oval _____
2. The size of your eyes:
Normal _____ Big _____ Small _____
3. The shape of your lips:
Normal _____ Uneven _____
Need to improve the shape
In the upper lip _____ In the lower lip _____

PLEASE MARK ANY WHICH APPLY TO YOU.

IF YES, PLEASE EXPLAIN

* Keloid formation Yes _____ No _____
Location _____
*Diabetes Yes _____ No _____
**Epilepsy Yes _____ No _____
**Using accutane Yes _____ No _____
When was the last time? _____
Using retin A Yes _____ No _____
Glycolic acid Yes _____ No _____

**Hemophilic Yes___ No___

**Pregnant or nursing Yes___ No___

**Active skin disease Yes___ No___

*Autoimmune disease Yes___ No___

Which one? _____

Hepatitis B or C Yes___ No___

*AIDS Yes___ No___

**Blood disease Yes___ No___

Cold sores (herpes in the lips) Yes___ No___

*Cancer Yes___ No___

**Are you taking any steroids? Yes___

No___

Did you do a chemical peel within the last week?

Yes___ No___

Other tattoos Yes___ No___

Where: _____ Any problem? _____

Heart condition Yes___ No___

*Allergies to any Yes___ No___

Iron Oxide, Chromium, Titanium, Nickel, other metals, bacitracin,

Lidocaine, Novocain, Neomycin, Paba, latex, others:

Taking medications Yes___ No___

Name each one _____

Any other diseases Yes___ No___

Name each one _____

**Taking blood thinners, such as Coumadin,?

Yes,___ No___

Name each one _____

Do you like to get a tan? Yes___ No___

Are you tanned now: Yes___ No___

Do you use a tanning bed, lamp, or sunlight? Yes___ No___

Which one? _____

*Any recent surgery- 2 weeks? Yes___ No___

Which one? _____

*Planning cosmetic surgery during the next 2 weeks? Yes___ No___

Which one? _____

*Are you currently under a doctor's care for any particular- acute condition? Yes___ No___

Which one? _____

Trichotillomania Yes___ No___

Hair tinting? Yes___ No___

Brow or lash tinting Yes___ No___

When was the last time? _____

*Eyelash extensions? Yes___ No___

Contact lenses Yes___ No___

If yes, please remove it before the procedure.

Alopecia Yes___ No___

Areata or universalis? _____

*Conditions that possibly contraindicate the procedure.

**Conditions that 100% contraindicate the procedure

I (the client's name) _____ certify that the information I gave is true. If I do not have a known history, it does not mean that complications can occur secondary to this procedure.

Customer signature _____

Date _____

PROCEDURE

EYEBROWS:

- EFFECT:
 - Individual hair Strokes _____
 - Shading _____
 - Ombre _____
 - Combination of shading and individual hair strokes _____
 - Combination of shading and borders _____
- COLOR _____
- NEEDLES _____

UPPER EYELINER:

- EFFECT: Eyelash enhancement: _____
 - Doming eyeliner: _____
 - Narrow to wide eyeliner: _____
 - Wide to narrow eyeliner: _____
- COLOR _____
- NEEDLES _____

BOTTOM EYELINER:

- EFFECT:
 - Eyelash enhancement _____
 - Doming eyeliner _____
 - Narrow to wide eyeliner _____
- COLOR _____
- NEEDLES _____

LIPS:

- EFFECT: Lip liner _____ Full lip _____ Lip extension _____
 - Combination of full lip and lip liner _____
 - Combination of Full lip, lip extension and lip liner _____
- COLOR _____

- NEEDLES _____
- NOTES: _____

CORRECTION: _____

- AREA CORRECTED _____
- COLOR USED _____
- NEEDLES _____
- NOTES _____

SCAR CAMOUFLAGE:

- AREA _____
- COLOR _____
- NEEDLES _____

AREOLA REPIGMENTATION:

- COLOR _____
- NEEDLES _____

OTHER:

- Explain _____
- COLOR _____
 - NEEDLES _____
 - NOTES: _____

PICTURE BEFORE: _____(Date)

PICTURE AFTER: _____(Date)

CONSENTS FORMS FOR PERMANENT MAKEUP PROCEDURE

This information is valid for all procedures performed by:

PMU ARTIST'S NAME

BUSINESS NAME

CONSULTATION CONSENT FORM

The PMU Artist explained the nature and method of the proposed procedure, including the inherent risks and the possibility of complications during and following its performance.

I understand there may be a certain amount of pain, redness or other discoloration, and swelling. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem.

I have also been advised that I should not receive this procedure if I have any contraindications. I understand and accept that such a procedure is a process, often requiring multiple applications of color to achieve desirable results and that 100% success cannot be guaranteed.

I agree to adhere to the preprocedural and postprocedural instructions as outlined in the post-treatment care instructions sheet, which has been given to me. I have read it, fully understand it and agree to follow it.

Depending on the procedure(s) I select, I accept responsibility for determining the color, shape, and position of the eyebrow, eyeliners, lip liner, and or full lip color and camouflage color.

If I am doing my eyeliners, I have been advised not to wear contact lenses during the procedure and the 48 hours after.

I can receive a patch test at least 15 days before the procedure to detect any allergic or other reaction to the applied pigments. I understand that if I decide to do the patch test, I'll be charged accordingly.

I authorize you to do the patch test _____

I do not desire to do the patch test _____

HOLD HARMLESS AGREEMENT

I, the person named above and undersigned, from now on referred to as **CUSTOMER**, have been duly informed by, from now on referred to as **PMU artist**, of the nature, risks, possible complications, and consequences of the procedure for which I have contracted them.

I understand that this procedure is designed to enhance my appearance, and I consent to said treatment, which shall be performed by, or under the direction of the PMU artist.

I further understand that:

This cosmetic procedure, using the permanent makeup process, called micro pigmentation or microblading, is the same as tattooing.

The color will be implanted into the skin and cannot be removed or easily changed as other cosmetics.

This makeup is a lasting impression that will remain unchanged under proper skin care conditions. However, I am fully informed and aware that the work can fade due to age and normal immune system reaction, improper skin care, and prolonged exposure to chlorinated or salt water. In the event that the work disappears, I will hold the micropigmentation specialist, the company mentioned above, and their owners harmless if such dispersion or unevenness occurs.

To keep the color bright my makeup must be retouched every year.

I have been advised and fully understand that improper skin care may lead to an infection of the treated area.

The PMU artist has given me proper skin care instructions, which I will follow. I acknowledge that my skin may become infected due to improper skincare. I will hold the PMU artist, the business named earlier, and its proprietors harmless if it occurs.

I am informed and understand that the work will neither contribute to nor induce a loosening of

the skin. I agree that PMU Artist shall not be liable if such a condition occurs.

I fully understand that micro pigmentation or microblading is still unregulated in California.

During my consultation, the PMU Artist thoroughly explained and gave all the necessary information regarding side effects and contraindications.

PHOTOGRAPHER'S RELEASE

For a consideration mutually agreed upon and received by me for posing for photographs, I, the undersigned, do at this moment assign to you the copyright and or the right to copyright such photographs and the right of reproduction thereof, either wholly or in part and unrestricted use thereof in whatever manner you or your licensees or assignees may, in your own and absolute discretion, think for all or any advertising, medical teachings or other purposes whatsoever, including the right of necessary retouching and tinting or workup for reproduction purposes.

CORRECTION CONSENT FORM

In an attempt to correct the color or shape on my Eyebrows_____ Upper Eyeliner _____, Lower Eyeliner _____, Other, explain_____

I hold the PMU Artists harmless and release them of all liabilities. I understand the PMU Artist would not want to perform this correction if she was held liable for someone else's work.

I certify that the PMU artist has notified me that

To enhance the color and/or shape of the permanent makeup I have on my eyebrows, eye lines, lips, or other areas, the PMU artist should use various products, including corrective colors, camouflage colors, or pigment removers.

As a result of the correction, some marks of the previous pigment may remain.

Some type of skin discoloration of the area may be visible.

Several sessions are required to achieve the desired result.

Each correction session will have a cost, which we will establish during the consultation.

Once we reach the desired result, I must have a touch-up at least once a year to avoid the color's natural fading.

PIGMENT REMOVAL

In an attempt to remove pigment, the PMU Artist notified me that there is the possibility that, although it is rare, scar tissue may be left where the pigment was removed. To determine this probability, I can ask and pay for a test in a small area. If the test does not leave a scar, this is no guarantee that the rest of the procedure will not.

CONSENT FOR THE APPLICATION OF PIGMENT REMOVAL

This process has been clearly explained to me, and I understand there are NO guarantees about the complete removal of existing pigment. Multiple procedures may be needed to achieve the best possible result. I also understand that there may be changes in my skin color, such as darkening or lightening, as well as changes in scarring.

I release and absolve the PMU artist, the business, the product maker, and the distributor of the product from all responsibility for any above-mentioned problem related to using the pigment removal.

I certify that I am of legal age and authorize the procedure.

I accept the cost of the procedure

I understand my price is not partially or fully refunded after the procedure.

CUSTOMER'S NAME

CUSTOMER'S SIGNATURE

_____ Date _____

PERMANENT MAKEUP PRE & POST INSTRUCTIONS

PRE TREATMENT INSTRUCTIONS

1. Do not take any aspirin before the procedure.
2. You may take Tylenol or other non-aspirin pain relievers 1 hour before the procedure.

POST TREATMENT INSTRUCTIONS

1. You may use ice packs in the procedure area for 5 minutes during the first 24 hours following the procedure if you feel it is necessary to minimize swelling and provide comfort. After the first 24 hours, the ice pack is no longer beneficial.
2. Do not take aspirin; Tylenol is recommended for temporary pain relief.
3. Clean the area using a clean cotton soaked in warm water. You may take your usual shower but prevent it from staying too long under the shower to avoid over-wetting the procedure area.
4. You may resume your normal activity immediately. Still, we recommend that heavy exercise, such as aerobic dancing, weight lifting, etc, be delayed for approximately two or three days following the procedure.
5. Fading or loss of pigment may occur. Some flaking off of the pigment may occur on some skin types. Do not be alarmed. It is normal; pigment should be under the skin where it has flaked off. If there is no pigment there, then a touch-up will be required.
6. Under no circumstances should you pick, scratch, or rub the procedure area or make any attempt to remove the crusty material along it. Removal of the crusts may result in the removal of the actual pigment.
7. After two weeks, you may resume swimming and bathing activities.
8. Final results should be deferred until one month following the procedure. The intensity of the color is most prominent following the procedure itself. Over the next two or three weeks, the pigment intensity will lighten by up to 50%. If you feel that certain modifications in the pigment need to be made after one month, we will be happy to discuss this with you. If you have further questions or concerns, please contact our office anytime.

9. Sunbathing is permitted if you use of sunblock in the pigmented area and wear protective sunglasses. These will help to prevent fading of permanent makeup color.

SPECIAL INSTRUCTIONS

EYELINER

1. We recommend using artificial tears, one drop in each eye, each hour during the first day after the procedure.
2. Clean the area using clean cotton soaked in warm water.
3. Apply the ophthalmic ointment, given to you after the procedure, using a cotton swab and gently dabbing it along the eyelashes of the upper and lower lids. The ointment is used to prevent infection and minimize crusting.
4. You should expect some swelling of the eyelids and or bruising around the eyelashes the next morning.
5. Eye shadow may be used on the second day; however, under no circumstance should the eye shadow powder come in contact with the eyelashes.
6. Mascara and eyeliner are prohibited for the first two weeks or until the pigment scabs are over.
7. Do not wear contact lenses during the procedure. Contact lenses may be resumed in two days

LIPS

If you have ever broken out with a cold sore at any time in your life, you carry a herpes virus which can sometimes manifest as fever blisters. Fever blisters may occur on the lips following lip procedures in individuals prone to this problem. In order to help to prevent this, you should obtain a Zovirax prescription and take it as prescribed by your doctor (usually since the day before the procedure and for five days total)

Follow-Up Date _____

Artist Name _____