

PERMANENT MAKEUP CONSULTATION CONSENT FORMS

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

WHAT IS THE EFFECT THAT YOU WANT?

EYEBROWS:

Individual hair strokes _____
Eyebrows shading _____
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 nose and thick towards
outer corner
Wide to narrow eyeliner: _____ Thicker at nose and thinner
toward 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 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 APPLIES 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 a 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 possible contraindicate the procedure.

**Conditions that 100% contraindicate the procedure

I (the client' s name)_____

certify that the information I gave is true, and in the event
that I do not have known history, it does not mean that
complications can occur secondary to this procedure.

Customer signature _____

Date _____



PROCEDURE

EYEBROWS:

- EFFECT:
 - Individual hair Strokes _____
 - Shading _____
 - 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 and lip extension _____
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 the consents forms signed and performed by:

MICROPIGMENTATION SPECIALIST'S NAME

Customer Name _____

Customer signature _____

Date _____

CONSULTATION CONSENT FORM

The nature and method of the proposed procedure has been explained to me by the micropigmentation specialist, including the risks inherent in the procedure and the possibility of complications during and following its performance. I understand that there may be certain among of pain, redness or other discoloration, and swelling. Fever blisters may occur on the lips following lip procedures in individual s prone to this problem.

I have been also been advised that if I have any contraindication, or use any of the drugs mentioned before, I probably should not receive this procedure. I absolutely understand and accept that such 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), which I select, I accept responsibility for determining the color, shape and position of the eyebrow, eyeliners, lip liner and or full lip color and the color of camouflage.

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

It is understand that I have the option to receive a patch test at least 15 days prior to the procedure with the purpose to detect any allergic or other reaction to the applied pigments. I have been advised that I will be charged for the patch test.

I authorize to do the patch test _____

I do not desire to do the patch test _____

I accept the cost of the procedure

I will pay using:

Check_____ credit card_____ cash_____ other_____

I understand that the price that I paid is not partially or fully refunded after the procedure is done.

Customer signature _____

Date _____

HOLD HARMLESS AGREEMENT

I, the undersigned and the person named above, hereinafter referred to as **CUSTOMER**, have been duly informed by hereinafter referred to as **THE MICROPIGMENTATION SPECIALIST**, of the nature, risk and possible complications and consequences of the permanent makeup procedure for which I have contracted a micropigmentation specialist to do.

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 a permanent makeup specialist.

I further understand that:

- This cosmetic procedure, using the permanent make-up process is the same as tattooing, and the color will be implanted into the skin and cannot be removed or easily changed as other cosmetics.



- I have been advised and fully understand that improper skin care may lead to an infection of the treated area.
- The micropigmentation specialist has given me proper skin care instructions which I am going to follow. I acknowledge that should my skin become infected due to improper skin care, I will hold the micropigmentation specialist, the above named business and its proprietors harmless.
- The makeup which I have contracted for is a lasting impression that will remain unchanged under proper skin care conditions. I am, however, fully informed and aware that the work may fade as a result of age and the normal immune system reaction, improper skin care and prolonged exposure to chlorinated and or salt water. Should the work fade, I will not hold the micro pigmentation specialist, the above named business and its proprietors harmless in the event such spread or unevenness occurs.
- I am informed and understand that the work will not in any way contribute to nor itself induce a loosening of the skin. I am informed and agree that micro pigmentation specialist shall not be liable in the event such condition occurs.
- I fully understand that micro pigmentation is still an unregulated procedure in California
- The micropigmentation specialists has fully explained and given all the information necessary regarding side effects and contraindications during my consultation.

Customer signature _____

Date _____

PHOTOGRAPHER'S MODEL RELEASE

For a consideration mutually agreed upon, and received by me for posing for photographs, I the undersigned do hereby 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.

Customer signature _____

Date _____

CORRECTION CONSENT FORM

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

I hold the micropigmentation specialist harmless and release then of all liabilities. I understand that the micropigmentation specialist would not want to perform this correction if she was to be held liable for someone else's work.

In attempt to remove pigment the client should be notified that there is the possibility that although it is rare, there may be scar tissue left where the pigment was removed. I can ask and pay for a test on a small area in order to determine this probability. In the event that the test does not leave a scar, this is no guarantee that the rest of the procedure will not; however, it will show that a scar produced from the removal process would be highly unlikely

Customer 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 prior to procedure.

POST TREATMENT INSTRUCTIONS

1. You may use ice packs in the procedure area for 5 minutes any time during the first 24 hours following the procedure if you feel that it is necessary to minimize swelling and provide comfort. After the first 24 hours the ice pack is not 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 from staying too long under the shower to avoid over wetting the procedure area.
4. You may resume your normal activity immediately, but we would 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, There should be pigment under the skin where the pigment 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 the crusts may result in removal the actual pigment.
7. After two weeks you may resume activities involving swimming and bathing.
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 of 50%. If after one month you feel that certain modifications in the pigment need to be made, we will be happy to discuss this with you. If you have any further questions or concerns, please contact our office at any time.

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 that you use 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 during 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 not permitted 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 anytime of your life, it means that you carry a herpes virus which can sometimes manifest itself in the form of 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 as prescribed by your doctor (usually since the day before the procedure and for five days total)

Follow Up Date _____

Artist Name _____

