

PERMANENT MAKEUP Client Intake Form

GENERAL INFORMATION

Name:

Address:

Email: Phone:

Date of Birth: Occupation:

Have you had Cosmetic Tattooing done in the past? Yes / No

If Yes, what did you have done and when was your last session?

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Please indicate any of the following treatments you have had in the last year:

- ☐ Skin grafts
- ☐ Botox/ Dysport/ Juveau
- ☐ Hair removal procedures
- ☐ Laser resurfacing
- ☐ Chemical peel
- ☐ AHA/BHA Alpha Hydroxy Acid
- ☐ Retin-A
- ☐ Other

HEALTH HISTORY

Please Circle Y for "Yes" or N for "No"

Keloid Scars (Raised Scars): Y / N

Diabetes: Y / N

Cold Sores/Shingles: Y / N

Iron Deficiency/ Anemia: Y / N

Hemophilia: Y / N

Asthma: Y / N

Skin Disorders: Y / N

Aids (HIV): Y / N

Hepatitis/ Jaundice: Y / N

Cancer: Y / N

High Blood Pressure: Y / N

Accutane: Y / N

Blood Thinner: Y / N

Heart Problems: Y / N

Contact Lenses: Y / N

Glaucoma: Y / N

Trichotillomania: Y / N

Epilepsy: Y / N

Prone to Fainting: Y / N

Blood Thinner: Y / N

Heart Problems: Y / N

HEALTH HISTORY (CONTINUED)

Are you currently pregnant or nursing? Y / N

Are you currently taking and medications? If Yes, please list them here:

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Have you had any allergic reactions to the following? (Check if applicable)

- ☐ Anesthetics: lidocaine, benzocaine, tetracaine, phenylephrine, or epinephrine
- ☐ Witch Hazel
- ☐ Latex

What is your skin type?

- ☐ Dry ☐ Combination ☐ Normal ☐ Oily

Please declare all relevant history as some conditions contraindicate the procedure.

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CLIENT DISCLOSURE AND RELEASE AGREEMENT

I confirm that the information I have provided is true and complete to the best of my knowledge, including the current condition of the area being treated. I understand that the services provided are cosmetic/beauty services only and do not involve medical treatment. I understand that all cosmetic services carry some risk and the possibility of complications. These risks and the nature of the service have been explained to me, and I have had the opportunity to ask questions. I acknowledge that results vary from person to person and that no guarantee has been made regarding the outcome. By signing below, I agree to release and hold harmless the service provider and their employees, affiliates, and agents from any claims, damages, injuries, or complications resulting from the services provided.

I confirm that I have read and understand this agreement, all of my questions have been answered, and I consent to receive the selected service.

- ☐ I consent to receive emails and updates.
- ☐ I grant permission for photos/videos to be taken and used for marketing purposes.

Signature:

Date:

PREVIOUS PROCEDURES

[illegible]