

PERMANENT MAKE-UP CONSENT FORM

Name: _____ Birthdate: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Referred By: _____

I am receiving the following Permanent Make-Up procedure(s):

- Eyebrows (powder fill or hair strokes)
- Eye Liner
- Lash Enhancement
- Beauty Mark

PLEASE ANSWER THESE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE	YES	NO
Are you pregnant or nursing?		
Have you EVER (in your life) had a cold sore or fever blister?		
Have you had a laser or chemical peel in the last 3 months?		
Have you ever had any permanent cosmetics or tattoos applied?		
Do you routinely use Retin-A, glycolic acid, or other exfoliating acids?		
Do you wear contact lenses?		
Do you have any problems healing from small wounds/scratches?		
Is your skin oily?		
Do you have any heart conditions?		
Are you diabetic? If so, Type 1 or Type 2?		
Do you have any autoimmune disorders?		
Do you tend to develop keloid or hypertrophy scars?		
Do you bleed excessively from minor cuts or scrapes?		
Do you consume aspirin or aspirin containing products daily?		
Do you have any Botox injections?		
If you have permanent cosmetics or tattoos did you have any problems with healing after they were applied?		
Do you take prescription drugs? If yes, please list below.		
Do you have allergies to topical make-up?		
Do you have dry eyes?		
Do you intentionally tan in the sun or a tanning bed?		
To your knowledge are you allergic or resistant to numbing products?		
Do you use tobacco?		
Do you consume alcohol?		

A "yes" answer does not indicate you are not an acceptable candidate for permanent cosmetics. It may simply be information that is valuable to me as your technician as each person's body is unique. It may indicate that based on any health conditions that affect healing; it would be advisable or required for you to consult with your physician before proceeding. If this form has not addressed a medical condition you have, please list it below. Also, please provide clarification for any "yes" answer you listed above:

Client Signature

Date