

# PERMANENT MAKEUP CLIENT INTAKE FORM

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

## Previous Procedures

- Have you ever had a cosmetic tattoo or permanent makeup procedure before? **Yes No**
- If yes, when was your last procedure? \_\_\_\_\_

## Treatment Area

- What would you like to improve/change about the area? (e.g., shape, color, density, thickness)  
\_\_\_\_\_
- Do you have moles/raised areas in or around the treatment area? **Yes No**
- Do you have or have you had a piercing in the treatment area? **Yes No**
- Are you currently wearing lash extensions of any kind? **Yes No**

## MEDICAL HISTORY

Please mark any of the following conditions you may have: ☑

- |  |  |  |
|--|--|--|
| <input type="radio"/> Hair Loss                    | <input type="radio"/> Prolonged bleeding   | <input type="radio"/> Cancer                       |
| <input type="radio"/> Trichotillomania             | <input type="radio"/> High Blood Pressure  | <input type="radio"/> Hepatitis                    |
| <input type="radio"/> Anemia                       | <input type="radio"/> Diabetes             | <input type="radio"/> Fainting spells or dizziness |
| <input type="radio"/> Joint Replacements           | <input type="radio"/> HIV                  | <input type="radio"/> Circulatory Problems         |
| <input type="radio"/> Cold sores or fever blisters | <input type="radio"/> Eczema               | <input type="radio"/> Hypertrophic or keloid scars |
| <input type="radio"/> Sensitivity to cosmetics     | <input type="radio"/> Hemophilia           | <input type="radio"/> Liver Disease                |
| <input type="radio"/> Low Blood Pressure           | <input type="radio"/> Thyroid disturbances | <input type="radio"/> Alopecia                     |

- Are you taking any medications, vitamins, or over-the-counter/prescription drugs? **Yes No**
- Have you had Botox, Restylane, or Collagen injections? **Yes No**
- Within the last nine months, have you undergone any surgery or plastic surgery? **Yes No**
- Have you ever had a cold sore/fever blister? **Yes No** (If yes, contact your physician for a preventative prescription.)
- **Have you ever had an allergic reaction to any of the following? (Circle all that apply)**  
 Food, Latex, Metals, Medication, Vaseline, Lidocaine, Glycerin, Lanolin, Hair Dyes, Paints, Crayons, Fragrance, Aspirin, Other: \_\_\_\_\_
- Do you scar easily? **Yes No**
- Do you bruise/bleed easily? **Yes No**

**FEMALE CLIENTS**

- Are you taking birth control? **Yes No**
- Are you pregnant or trying to become pregnant? **Yes No**
- Are you undergoing any hormone replacement therapy? **Yes No**

**Specific Concerns & Goals**

Do you have any specific concerns or questions about the procedure?

\_\_\_\_\_

What are your expectations and goals for the treatment?

\_\_\_\_\_

**CONSENT**

I have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation. The treatments I receive are voluntary, and I release this skin care professional from liability and assume full responsibility.

**Client Printed Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Esthetician Name:** \_\_\_\_\_

**Esthetician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **INFORMED CONSENT FORM FOR PERMANENT MAKEUP**

## **Consent to Procedure**

I, the undersigned, hereby affirm that:

- I am over the age of 18.
- I am not under the influence of drugs or alcohol.
- I am not pregnant or nursing.
- I desire to receive the indicated semi-permanent pigmentation procedure.

The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me. If an unforeseen condition arises during the procedure, I authorize my therapist to use professional judgment to decide what is necessary under the given circumstances.

I accept the responsibility for determining the color, shape, and position of the Permanent Makeup procedure as agreed during consultation.

I fully understand and accept that:

- Non-toxic pigments are used during the procedure.
- The color will fade 30-80% during the healing process.
- The results may vary according to skin characteristics (for example: dry, oily, sun damaged, thick or thin skin type, age, and skin condition, personal pH), lifestyle (smoking, alcohol intake, sun exposure), medications, post-procedure aftercare.
- The true color will be seen in 1 month after each procedure.
- The result achieved may fade over a period of 6 months to 3 years.
- Even after fading, pigment itself may stay in the skin indefinitely.

I have been informed that:

- The highest standards of hygiene are met.
- Sterile, disposable needles and pigment containers are used for each client, procedure, and visit.
- Each procedure is a process requiring multiple applications of pigment to achieve desired results, and 100% success cannot be guaranteed during the first procedure.
- I may need to return for a repeat procedure.

## **Post-Procedure Care**

Upon completion of the procedure, there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. I may resume normal activities following the procedure, but using cosmetics, excessive perspiration, and sun exposure should be limited until the skin has fully healed. I will refer to the aftercare instructions for more details.

## **Medical and Physical Condition**

To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my well-being as a direct or indirect result of my decision to have the procedure done at this time.

### **Compliance with Instructions**

I agree to follow all pre-procedure and post-procedure instructions as provided and explained by the technician. Failure to do so may jeopardize my chances for a successful procedure.

### **Risks and Complications**

I certify that I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning, or fading of pigments. I understand that the actual color of the pigment may be modified slightly due to the tone and color of my skin. This is a tattoo process and therefore not an exact science but an art.

There is a possibility of an allergic reaction to the numbing agent and/or pigments. A patch test is offered; however, it does not ensure that an allergic reaction will not occur. If I choose to waive the patch test, I release the technician from liability if I develop an allergic reaction to the pigment.

I consent to the patch test.

I waive the patch test.

### **Acknowledgment of Potential Changes**

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery, or other skin-altering procedures, it may result in adverse changes to my permanent makeup procedure. Some of these potential adverse changes may not be correctable.

### **Acceptance of Responsibility and Authorization**

I certify that I have read and initialed the above paragraphs and have had them explained to my understanding. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I hereby consent to and authorize my Cosmetic Professional to perform the following procedure:

**Procedure:** \_\_\_\_\_

**Client's Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cosmetic Professional's Name:** \_\_\_\_\_

**Cosmetic Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PMU PRE-PROCEDURE INFORMATION & ADVICE

- Permanent makeup procedures usually require multiple treatment sessions for best results. Clients will be required to return for at least one finishing session, which will take place 5-7 weeks after the initial procedure. Those with oily skin may require an additional touch-up.
- Please be aware that the color intensity will be significantly darker and sharper immediately and a few days after the initial procedure. However, the color will typically reduce by 30-80%. Although numbing cream or solution is used during the procedure, some sensitivity or discomfort may still be felt. The skin may be red, bruised, and/or swollen after the procedure.
- A patch test can be performed if desired, unless waived by the client. It is the client's responsibility to schedule this at least one week before the procedure. If you are prone to cold sores or fever blisters, you should take an anti-viral medication prior to treatment.
- Regarding topical anesthetics, allergic reactions to anesthetics (such as lidocaine) can occur. If you experience an allergic reaction, contact your doctor immediately. Symptoms may include redness, swelling, rash, blistering, dryness, or other signs of an allergic reaction. Please note that we cannot guarantee the effectiveness of numbing cream for every individual; some clients may experience complete numbness, while others may feel some discomfort.
- **Please refrain from drinking alcohol 24 hours prior to the treatment. Unless medically necessary, avoid taking blood thinners like fish oils, herbal supplements, Vitamin E, aspirin, and ibuprofen... Additionally, do not donate plasma in the 7 days prior to the procedure. Where possible, try to avoid herbs and spices such as black pepper, cardamom, any member of the ginger family, cayenne, cinnamon, garlic, horseradish, and mustard before your appointment.**
- **Hormone therapies can affect pigmentation and/or cause sensitivity. Discontinue use of any brow- or lash-growth serums such as Latisse or RevitaLash, as they can affect pigment retention and cause sensitivity. Botox, AHA products, and retinoids should be avoided for 2 weeks before the procedure.**

### Photo and Video Release Agreement:

I hereby grant permission to use my image, likeness, and the sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of my image or recording.

I understand that this material may be used in various educational settings within an unrestricted geographic area. Photographic, audio, or video recordings may be used for the following purposes: conference presentations, educational presentations or courses, informational presentations, online educational courses, educational videos

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PMU BROWS PRE-PROCEDURE INFORMATION & ADVICE

### What to Expect on the Day of the Procedure:

- You will have a consultation with your permanent makeup artist to discuss your desired brow shape and color. The artist will also examine your skin type and review any allergies or medical conditions you may have.
- The artist will use a crayon to outline the shape of your new brows, taking into account your natural brow shape and facial features using a series of horizontal, vertical, and diagonal lines.
- Using a handheld device with a small needle, the artist will apply pigment to the skin in small, hair-like strokes to create a natural-looking brow shape.
- The procedure typically takes between 2-3 hours to complete, depending on the complexity of the brow shape and the amount of pigment needed.
- It is important to follow the aftercare instructions carefully to ensure proper healing and optimal results.

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## PMU BROWS AFTERCARE INFORMATION & ADVICE

**Day 1:** On the day of the procedure, gently cleanse the treated area with a provided sponges or mild, fragrance-free cleanser and water. Apply a thin layer of the aftercare ointment provided by your artist.

**Days 2-14:** Keep the treated area dry for 24 hours after the procedure and avoid swimming, saunas, and hot tubs for at least two weeks. Avoid direct sunlight exposure to prevent pigment fading. Do not apply any makeup or skincare products to the treated area for at least one week after the procedure. Apply a small amount of aftercare ointment to the treated area twice a day using a clean cotton swab. Avoid picking, scratching, or rubbing the treated area, as this can cause scarring or pigment loss. When resuming the use of makeup or skincare products, be gentle and avoid rubbing the treated area.

If you experience itching, redness, or swelling, apply a cool compress to the area. Do not scratch or pick at the area as this can lead to scarring or pigment loss. For any questions or concerns about your aftercare, please contact your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup. Remember that permanent makeup is a process, and the final results may not be visible for several weeks. Be patient and adhere to your aftercare instructions for the best outcome.

**Consent:** I certify that I have read and fully understand the above paragraphs, that I have had sufficient opportunity for discussion and to ask questions, and that I hereby consent to the information described above.

**Client Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cosmetic Professional's Name:** \_\_\_\_\_

**Cosmetic Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PMU EYELINER PRE-PROCEDURE INFORMATION & ADVICE

### What to Expect on the Day of the Procedure:

Arrive without eye makeup or cosmetics, including lash extensions. A thick layer of numbing cream will be applied and allowed to work for 20-30 minutes. After removal of the anesthetic, a map will be pre-drawn with an oil-based crayon to outline the area for micro-pigmentation or tattooing. Please note: Topical lidocaine can cause temporary pupil dilation, especially in clients with lighter-colored eyes, leading to blurry vision for a few hours. Arrange for transportation home as a precaution.

**Consultation:** Discuss your desired eyeliner shape and thickness with your artist, who will also review your skin type, allergies, and medical conditions.

**Mapping:** Your artist will outline the shape of your new eyeliner, considering your natural eye shape and lash line.

**Pigment Application:** Using a handheld device with a small needle, the artist will apply pigment along the lash line to create a natural-looking eyeliner.

**Procedure Duration:** The procedure typically takes 1-2 hours, depending on the complexity. Follow aftercare instructions for optimal healing and results.

## PMU EYELINER AFTERCARE INFORMATION & ADVICE

**Day 1:** Gently cleanse the treated area with a provided sponges or use mild, fragrance-free cleanser and water every 2 hours. Apply a thin layer of aftercare ointment provided by your artist.

**Days 2-14:** Keep it dry for 24 hours and avoid swimming, saunas, and hot tubs for at least two weeks. Protect from direct sunlight to prevent fading. Avoid makeup or skincare products on the treated area for at least one week. When resuming, be gentle. Apply aftercare ointment twice daily only using a clean cotton swab. Avoid picking, scratching, or rubbing the treated area.

If itching, redness, or swelling occurs, apply a cool compress. The eyeliner may appear darker or thicker during healing but will soften over the following weeks.

If you have questions or concerns, contact your artist. Follow-up appointments may be needed to ensure proper healing.

**Consent:** I certify I have had sufficient opportunity for discussion and to ask questions and I hereby consent to the procedure. I have read and fully understand the above information and consent to the aftercare instructions.

**Client Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cosmetic Professional's Name:** \_\_\_\_\_

**Cosmetic Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PMU LIPS PRE-PROCEDURE INFORMATION & ADVICE

### What to Expect on the Day of the Procedure:

Arrive without lip makeup or cosmetics. A thick layer of numbing cream will be applied and left to take effect for 20-30 minutes.

**Consultation:** Discuss your desired lip shape, color, and any concerns with the artist. The artist will assess your skin tone, texture, and overall health to choose the best pigment and technique.

Choose the pigment color with the artist based on your desired lip color and skin tone.

**Procedure:** The artist will outline the shape of your lips, considering your natural shape. Remember PMU cannot change your lips shape. Using a handheld device with a small needle, the artist will apply pigment into your lips. The procedure may take 3-5 hours, depending on lip size and desired results.

### PMU LIPS AFTERCARE INFORMATION

**Day 1:** Gently cleanse with a mild, fragrance-free cleanser and water. Apply a thin layer of aftercare ointment.

**Days 2-14:** Keep the area dry for 24 hours. Avoid swimming, saunas, hot tubs, and direct sunlight for at least two weeks.

Do not apply makeup or skincare products for at least one week. Be gentle when resuming use. Avoid hot liquids for the first 24 hours. Use a straw for the first few days to minimize moisture on the treated area.

Apply aftercare ointment twice daily with a clean cotton swab. Avoid picking, scratching, or rubbing the area.

**Additional Care:** If itching, redness, or swelling occurs, apply a cool compress. Do not scratch or pick the area to prevent scarring or pigment loss. Lips may appear dry, flaky, or scabbed during healing. Avoid picking at scabs or dry skin.

Contact your artist with any concerns. Follow-up appointments may be needed to ensure proper healing.

**Consent:** I have read and fully understand the pre-procedure information and consent to the procedure. I have read and fully understand the aftercare instructions and consent to the information described.

**Client Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cosmetic Professional's Name:** \_\_\_\_\_

**Cosmetic Professional's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

