

PERMANENT MAKEUP CONSENT FORM

Client Name: _____ Date of Birth: _____

Contact Information:

Address: _____

Phone Number: _____

Email: _____

Health Information:

- Do you have any allergies, including to pigments, anesthetics, or metals? If yes, please list:
- Do you have any skin conditions (eczema, psoriasis, dermatitis, etc.)? If yes, please describe:
- Do you have any chronic medical conditions (e.g., diabetes, heart disease)?
- Are you currently taking medications that thin the blood or affect healing?
- Do you have a history of cold sores or herpes simplex virus (lip or facial cold sores)?
- Have you had cosmetic tattooing, permanent makeup, or microblading done before? If yes, when and what area?
- Are you pregnant or nursing?
- Do you have any implanted medical devices (e.g., pacemaker)?
- Do you have any other health concerns or conditions we should be aware of?

Consent and Acknowledgment:

I hereby consent to the application of permanent makeup by the trained professional at this establishment. I understand that permanent makeup involves the insertion of pigment into the skin and carries certain risks.

I acknowledge that results may vary and that multiple sessions may be necessary to achieve the desired outcome.

I understand the risks include, but are not limited to: infection, allergic reactions, scarring, color changes, and dissatisfaction with appearance.

I confirm that I have fully disclosed my health history and any medications I am taking.

I understand that proper aftercare is essential to the healing process and final results, and I agree to follow all aftercare instructions.

I release and hold harmless the technician and establishment from any liability or claims arising from this procedure.

I understand that permanent makeup is considered a cosmetic procedure and is not covered by insurance.

I acknowledge that no guarantees have been made to me regarding the outcome of the procedure.

I have had the opportunity to ask questions and have received satisfactory answers.

I certify that I am of legal age and competent to give this consent, or have provided legal guardian consent if applicable.

Client Signature: _____ Date: _____

Technician Statement and Signature:

I affirm that I have explained the procedure, risks, benefits, and aftercare instructions to the client. The client has had an opportunity to ask questions and has voluntarily consented to the procedure.

Technician Name: _____

Signature: _____ **Date:** _____

Witness (if applicable):

Name: _____

Signature: _____ Date: _____

CLIENT SIGNATURE

TECHNICIAN SIGNATURE

Signature: _____

Signature: _____

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