

**PERMANENT MAKEUP
PERMANENT MAKEUP CONSULTATION FORM**

Confidential Information

NAME: _____ DATE: / /

ADDRESS: _____

CITY: _____ COUNTRY: _____



o How did you learn about dermo pigmentation?

o What do you see as the advantages and disadvantages?

o What do you want to change and why?

o Do you have any questions that would like to be answered?

o What is your daily make-up routine?

GENERAL HEALTH SHEET

It's important to correctly answer the questions to ensure that you receive appropriate care, taking into account the peculiarities of your skin and your health.

Are you generally healthy? YES NO

Are you pregnant? YES NO

Do you wear contact lenses? YES NO

Have you ever made a cold sore? YES NO

Are you diabetic? YES NO

Do you have heart problems? YES NO



Do you practice a sport? YES NO

If yes, where and when? _____

Do you have any allergies? YES NO

If yes, where and when? _____

Do you take medication? YES NO If yes name which one do you take

Are you hemophilia? YES NO

Have you ever had problems such as: (circle your answer)

Skin Cancer / Melanoma / Rosacea / Acne Hyper pigmentation Hypo Pigmentation

Scar Keloid Eczema Psoriasis Lupus

Do you agree that your photo before and after will be used for future publications? YES NO

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I, the undersigned, acknowledge the importance of the information I have provided to ensure the proper functioning of the care I will receive. Accordingly, I submit that this information is accurate and truthful.

Client signature on the _____ month of _____ year _____

Signature: _____

CONSENT FOR PERMANENT MAKEUP

I authorize and retain the services of _____ for PERMANENT MAKEUP. I understand that approved organics pigments will be implanted in the upper layers of the dermis, I understand the steps and the semi-permanent nature of this technique, as well as the risks associated with it that have been explained to me beforehand such as swelling, redness, slight bleeding at the time of execution. I also consent to the use of selected and approved topical anesthetics. I know that PERMANENT MAKEUP is an inaccurate science and that the result cannot be guaranteed. I know that if my skin is dark, the pigments will not be as bright as on a fair skin. By semi-permanent nature, the term varies from a few years (from 3 to 5 years). I know that my PERMANENT MAKEUP will gradually fade during the first weeks and will stabilize thereafter. I understand that the technician does not have control over this duration and that the color degradation will probably require alterations, provided that these are carried out within 5 years.

After this time, retouching will be considered a new application. I confirm that I do not have any health problems that may present contraindications to the performance of PERMANENT MAKEUP, and this as confirmed in my health card. I know that unidentified health problems could influence the end result of PERMANENT MAKEUP. I am not under the influence of drugs or alcohol. To the best of my knowledge, I am therefore in good physical and mental health. I agree to follow all indications and post-treatment care that are explained and recommended to me. I asked the questions necessary for my engagement and I received clear and satisfactory explanations. I agree to pay the amount required for the execution of PERMANENT MAKEUP. This amount is non-refundable. I, the undersigned, waive any remedies, charges and actions for damages, indemnity payments, claims of errors, errors and omissions or otherwise according to law. This also applies to other PERMANENT MAKEUP applications and retouching. The retouch should be within the first 6 weeks after the first application is applied to the pigmented area.

This is included in your initial price: YES ___ NO___

I have read and understand the whole text above.

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