

CONSULTATION FORM

CLIENT INFORMATION: Name: _____ Date: Address: City: _____ State: ____ Zip: ____ Phone: Email: Emergency Contact: ______ Phone Number: _____ How did you hear about us? Would you like to be added to our email list for news and exclusive offers? No Yes MEDICAL HISTORY Please mark any of the following conditions you may currently have. Alopecia Hair Loss Liver Disease Anemia Healing problems Low Blood pressure Cancer Hemophilia Prolonged bleeding Circulatory Problems Hepatitis Sensitivity to cosmetics Cold sores or fever blisters **High Blood Pressure** Thyroid disturbances Diabetes HIV Trichotillomania Eczema Hypertrophic or keloid scars Tumors, growths, cysts **Epilepsy** Joint Replacements Other Fainting spells or dizziness Any known allergies? No Yes List any medications you take regularly including vitamins, herbal supplements, aspirin: Any recent surgery, including plastic surgery? No Yes Are you pregnant or trying to become pregnant? \(\bigcap\) No \(\bigcap\) Yes Are you taking birth control? No Yes, the brand that I am using is _____

Do you smoke or consume alcohol? No Yes

PERMANENT MAKEUP CONSULTATION FORM

Have you ever had a	cosmetic tattoo or permanen	t makeup procedure before	No Yes
If yes, when was you	ır last procedure?		
Do you have moles/	raised areas in or around the t	treatment area?	☐ No ☐ Yes
Do you have or have you had a piercing in treatment area?			No Yes
Are you currently wearing lash extensions of any kind? Have you experienced Botox, Restylane or Collagen injections?			No Yes
			No Yes
If yes, please specify	:		
Do you scar easily?			☐ No ☐ Yes
Do you bruise/bleed	l easily?		No Yes
Have you ever had a	n allergic reaction to any of the	he following:	
Aspirin	Glycerin	Latex	Paints
Crayons	Hair Dyes	Lidocaine	Vaseline
Food	Lanolin	Medication	Other:
Fragrance	Latex	Metals	
Any questions or co	ncerns about the procedure?		
	ve completed this form trut waive all liabilities toward r	•	y knowledge. I agree loyer for any injury
Client Na	me (Printed)	Clien	nt Name (signature)
			Date

Page 2



CLIENT CONSENT FORM

I hereby consent to and authorize	to perform the
Please initial each statement:	
I confirm that I am above 18 years of age and affirm that I am not under to alcohol. I further declare that I am not pregnant or nursing and express a specified semi-permanent pigmentation procedure. I have received a corregarding the general nature of cosmetic micro-pigmentation, as well as the will be carried out.	ny desire to undergo the nprehensive explanation
If any unforeseen condition arises during the procedure, I authorize m professional judgment to determine the necessary course of action under the responsibility for selecting the color, shape, and placement of the Permaner discussed during the consultation. I understand and acknowledge that non during the procedure and that the achieved result may fade over a period color fades, the pigment itself may remain in the skin indefinitely.	the circumstances. I take nt Makeup procedure, as -toxic pigments are used
I have been informed that strict hygiene standards are followed, includisposable needles and pigment containers for each client, procedure, and very standards.	· ·
I understand and accept that achieving the desired results is a process the pigment applications, and that complete success cannot be guaranteed during It may be necessary for me to return for additional procedures.	• •
The outcome of the procedure can be influenced by various factors, incoharacteristics (dryness, oiliness, sun damage, thickness or thinness), per alcohol consumption, smoking, and post-procedure aftercare.	· ·
After the procedure is completed, there may be temporary swelling and re typically subsides within 1-4 days. Bruising may also occur in some case activities, but should limit the use of cosmetics, excessive sweating, and sur has fully healed. Further instructions regarding aftercare will be proviprocedure should be acceptable for me to appear in public without addition	es. I can resume normal n exposure until the skin ded. The results of the

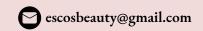
PERMANENT MAKEUP CLIENT CONSENT FORM

	the true color of the procedure will be	
	n factors such as skin tone, skin type, an types may accept pigment more readily,	8
_	cedure and post-procedure instructions post-procedure instructions may comply with these instructions may comply	•
_ I acknowledge that I hav complications and conseque	re received information regarding the ences of permanent skin pigmentation. I	understand that this cosmetic
scarring, inconsistent color	orn and unknown complications, including , and the potential spreading, fanning, of the pigment may be slightly modified d	or fading of pigments. I am
which is an art rather than a	semi-permanent skin pigmentation processing exact science. I am requesting this processible complications and consequences as	cedure with an understanding
pigments used during the jundergo the test, it does not	a possibility of having an allergic reaction procedure. While a patch test is offered guarantee that I will not have an allergic technician from any liability in the evo	, I understand that even if I reaction. If I choose to waive
other procedures that alter	any skin treatments, injectables, laser ha the skin, it may result in adverse chang t some of these changes may not be correc	ges to my permanent makeup
• 0	lges that I have read and agree that I will an mentioned statements that I have initialed.	dhere to all of the
 Client Name (Printed)	Client (signature)	Date



CLIENT PATCH TEST CONSENT FORM

Please initial each statement:	
I acknowledge that I will be receiving a patch test for certified permanent makeup artist. I understand that whether I have any allergies to the permanent make procedure.	t the purpose of this test is to determine
I am aware that the patch test will involve applying a so of my skin. I understand that I need to observe the arreactions. If I notice any redness, itching, swelling, or promptly notify the artist.	ea for 24-48 hours to check for any allergic
I understand that while the patch test helps to reduce permanent makeup procedure, it does not guarantee that I do have an allergic reaction during the procedure stop the procedure and take appropriate measures to add	that I will not experience one. In the event, I am aware that the artist will immediately
By signing below, I herby acknowledge that I ha understand the above agree	
☐ I consent to have a patch test done	☐ I decline to have a patch test done
Client Name (Printed)	Client Name (signature)
	Date





PRE-PROCEDURE INFORMATION & ADVICE

- Multiple treatment sessions are typically required for permanent makeup procedures. Clients will need to return for at least one finishing session, usually 5-7 weeks after the initial procedure. Additional touch-ups may be necessary for those with oily skin. Please note that immediately after the procedure, the color will appear significantly darker and sharper, but it will gradually reduce by 30-50%.
- Although numbing cream or solution is used, clients may still experience sensitivity or discomfort during the procedure. It is normal for the skin to appear red, bruised, and/or swollen afterward.
- Refrain from consuming alcohol 24 hours prior to the treatment.
- Unless medically necessary, avoid taking blood-thinning substances such as fish oils, herbals, Vitamin E, aspirin, ibuprofen, and do not donate plasma within 7 days before the procedure.
- If possible, avoid consuming certain herbs and spices before the appointment, including black pepper, cardamom, ginger, cayenne, cinnamon, garlic, horseradish, and mustard.
- A patch test can be conducted unless the client chooses to waive it. It is the client's responsibility to schedule the patch test at least one week prior to the procedure.
- Patients prone to cold sores or fever blisters should take an antiviral medication before the treatment. Hormone therapies can affect pigmentation and may cause sensitivity.
- Discontinue the use of brow- or lash-growth serums such as Latisse or RevitaLash before the procedure, as they can lead to sensitivity and affect pigment retention.
- Avoid Botox, AHA products, and retinoids for two weeks prior to the procedure.

Topical Anesthetic Advice:

Allergic reactions can occur as a result of using anesthetics such as lidocaine during the procedure. If you experience an allergic reaction, it is important to contact your doctor immediately. Symptoms of an allergic reaction may include redness, swelling, rash, blistering, dryness, or any other signs typically associated with an allergic response.

Please note that we cannot be held responsible if the area being treated does not fully respond to the numbing cream. The effectiveness of the cream may vary for each individual depending on their skin type. While some clients may experience complete numbness in the area, others may still feel some discomfort during the procedure.

34-417-6793



Permanent Makeup - Lips

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Lip Procedure

Please ensure that you arrive at your appointment without any lip makeup or cosmetics applied. A thick layer of numbing cream will be applied to your lips, and it will need 20-30 minutes to penetrate and take effect.

Consultation: During the consultation, you will have the opportunity to discuss your desired lip shape, color, and any concerns or questions you may have with the artist. The artist will also assess your skin tone, texture, and overall health to determine the most suitable pigment and technique for your lips.

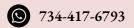
Numbing: To minimize discomfort, the artist will apply a topical numbing cream to your lips before the procedure. It may take up to 30 minutes for the numbing cream to fully take effect.

Pigment Selection: Together with the artist, you will select the pigment color that best matches your desired lip color and complements your skin tone.

Procedure: Once the numbing cream has adequately numbed your lips, the artist will commence the permanent makeup procedure. Using a handheld device with a sterile needle, the artist will carefully deposit the pigment into your lips. The duration of the procedure may range from 2 to 3 hours, depending on the size of your lips and the desired outcome.

<u>I acknowledge that I have read and comprehended the information provided</u> regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)	Client Name (signature)
	Date





Permanent Makeup - Brows

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Brows Procedure

Upon arrival at your appointment, a customized brow map will be created by your permanent makeup artist. This process involves drawing a series of horizontal, vertical, and diagonal lines using an oil-based crayon. These lines will frame the area where hair-like strokes, shading, or a combination of both will be micropigmented or tattooed into the dermis of the skin. The following steps outline the procedure:

Consultation: You will have a consultation with your permanent makeup artist to discuss your desired brow shape and color. During this consultation, the artist will also examine your skin type and inquire about any allergies or medical conditions you may have.

Numbing: Prior to the procedure, a topical numbing cream will be applied to the brow area to minimize any discomfort you may experience during the process.

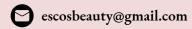
Mapping: Using the crayon, the artist will outline the shape of your new brows, taking into consideration your natural brow shape and facial features.

Pigment Application: Using a handheld device equipped with a small needle, the artist will meticulously apply pigment to the skin, creating small, hair-like strokes that mimic the appearance of natural brows.

Procedure: The duration of the procedure typically ranges from 1 to 2 hours, depending on the complexity of the desired brow shape and the amount of pigment required. Following the procedure, it is crucial to follow the provided aftercare instructions diligently to promote proper healing and achieve optimal results.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)	Client Name (signature)	
	Date	







Permanent Makeup - Eyeliner

PRE-PROCEDURE INFORMATION & ADVICE

What To Expect On The Day of Procedure:

Permanent Eyeliner Procedure

Please ensure that you arrive at your appointment without any eye makeup or cosmetics, including lash extensions. A thick layer of numbing cream will be applied to the eye area and allowed to penetrate and take effect for 20-30 minutes. After the anesthetic is carefully removed, a map will be pre-drawn with an oil-based crayon, indicating the specific area that will be micro-pigmented or tattooed into the dermis of the skin. The following steps outline the procedure:

Reminder: Although rare, it's important to note that topical lidocaine used during the procedure can cause temporary pupil dilation, especially in clients with lighter-colored eyes. This may result in blurry vision for a few hours following the procedure. As a precaution, we strongly advise all clients to arrange for someone else to drive them home. You will be asked to sign and initial to confirm that you have a backup ride from the spa in the event of pupil dilation or blurry vision, if necessary, on the day of the procedure before lidocaine is applied.

Consultation: During the consultation, you will discuss your desired eyeliner shape and thickness with your permanent makeup artist. The artist will also assess your skin type and inquire about any allergies or medical conditions you may have.

Numbing: Before beginning the procedure, a topical numbing cream will be applied to the eyelid area to minimize any discomfort you may experience during the process.

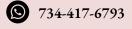
Mapping: Using a pencil, the artist will outline the shape of your new eyeliner, taking into consideration your natural eye shape and lash line.

Pigment Application: With a handheld device equipped with a small needle, the artist will meticulously apply pigment along the lash line, creating a natural-looking eyeliner effect.

Procedure: The duration of the procedure typically ranges from 1 to 2 hours, depending on the complexity of the desired eyeliner shape and the amount of pigment required. After the procedure, it is crucial to follow the provided aftercare instructions diligently to promote proper healing and achieve optimal results.

of the procedure I am about to receive. I confirm asked any necessary questions, and fully unde	ed the information provided regarding the process that I have had ample opportunity for discussion erstand the details of the procedure. With this go the described procedure as outlined above.
Client Name (Printed)	Client Name (signature)
	 Date







Permanent Makeup - Lips

AFTERCARE INFORMATION & ADVICE

Permanent Lips Procedure

To ensure proper healing and beautiful results for your new lips, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: 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 area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

Hot liquids, like coffee or tea, should be avoided for the first 24 hours after the procedure. Drinking through a straw can help minimize moisture on the treated area in the first few days.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

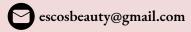
During the healing process, your lips may appear dry, flaky, or scabbed. This is a normal part of the healing process, and it is important to avoid picking at any scabs or dry skin to prevent pigment loss.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new lips.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)	Client Name (signature)
	 Date







Permanent Makeup - Brows

AFTERCARE INFORMATION & ADVICE

Permanent Brows/ Microblading Procedure

To ensure proper healing and beautiful results for your new eyebrows, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: 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 area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new eyebrows.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)	Client Name (signature)







Permanent Makeup - Eyeliner

AFTERCARE INFORMATION & ADVICE

Permanent Eyeliner Procedure

To ensure proper healing and beautiful results for your new eyeliner, it is important to follow these aftercare instructions:

Day 1: On the day of the procedure, gently cleanse the treated area using a mild, fragrance-free cleanser and water. Apply a thin layer of the provided aftercare ointment.

Days 2-14: 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 area to prevent scarring or pigment loss.

Keep the treated area dry for 24 hours following the procedure and avoid activities such as swimming, saunas, and hot tubs for at least two weeks. Direct sunlight should also be avoided, as it can cause the pigment to fade.

Refrain from applying makeup or skincare products to the treated area for at least one week. When you do resume using these products, be gentle and avoid rubbing the treated area.

If you experience itching, redness, or swelling, you can apply a cool compress to the area. However, avoid scratching or picking at the treated area to prevent scarring or pigment loss.

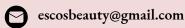
During the healing process, your eyeliner may initially appear darker, thicker, or more intense than expected. This is normal and part of the healing process. The color will gradually soften and become more natural-looking over the next few weeks.

If you have any questions or concerns about your aftercare, reach out to your artist. Follow-up appointments may be necessary to ensure proper healing of your permanent makeup.

Remember that permanent makeup is a process, and it may take several weeks for the final results to be visible. Be patient, follow the aftercare instructions diligently, and enjoy your beautiful new eyeliner.

I acknowledge that I have read and comprehended the information provided regarding the process of the procedure I am about to receive. I confirm that I have had ample opportunity for discussion, asked any necessary questions, and fully understand the details of the procedure. With this understanding, I give my consent to undergo the described procedure as outlined above.

Client Name (Printed)	Client Name (signature)
	 Date



3 734-417-6793



CLIENT TREATMENT RECORD FORM

CLIENT INFORMATION: Name: Date: _____ Date of birth: Age: ______ Address: Phone: _____ Email: _____ TREATMENT NOTES **Initial Procedure:** Touch Up: Notes / Description: **PIGMENTS USED BLADES USED** PAIN LEVEL ANESTHESIA USED

TREATMENT RECORD CARD

Email:		_		
DATE	TREATMENT	NOTES	PRICE	SIGN
	Perm	anent Mak	eup_	
		NT RECORD	`	
Email:		_	ate:	
DATE	TREATMENT	NOTES	PRICE	SIGN



PHOTO & VIDEO RELEASE FORM

I,	hereby ş	grant and authorize	I
grant the right to c	apture, modify, edit, repro	duce, exhibit, publish, distri	bute, and utilize any photographs, oses. These materials may include,
but are not limite media platforms, a	d to, newspapers, flyers, p	posters, brochures, advertise d digital communication. I p	ments, press kits, websites, social provide this authorization without
	remains in effect indefinit		ges, media, formats, and markets,
I willingly waive a photographs or rec		ther compensation arising fi	om or related to the use of these
•	accept that the materials	o o	ment will be the property of the
I hereby release an	d discharge the		from any liability, claims, or
legal actions that	may arise, including th		heirs, representatives, executors,
By signing below, agreement stated al		oroughly read and compreh	ended the entirety of the release
<u>By s</u>	•	knowledge that I have comp I the above release agreemen	· · · · · · · · · · · · · · · · · · ·
Client Name (F		Client (signature)	 Date



CANCELLATION POLICY

In order to ensure the provision of high-quality care within a reasonable timeframe, we have implemented an

appointment and cancellation policy. As appointments are in high demand, canceling your appointment in advance allows us to offer the time slot to another individual seeking timely care. This policy helps us optimize our appointment availability for all clients. During the appointment booking process, you will be required to make a _____ deposit, which will be applied as a credit towards your scheduled treatments. We understand that circumstances may arise requiring you to cancel or reschedule your appointment. To avoid any inconvenience, please notify us at least 24 hours prior to your scheduled appointment. In such cases, your deposit will either be refunded or applied towards a future appointment. However, if you provide less than 24 hours' notice, a _____ cancellation fee will be charged. Please note that if you arrive more than ____ minutes late for your appointment, it will be considered a noshow and the cancellation fee will be applied. We are more than happy to address any inquiries or concerns you may have regarding our cancellation policy. I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by its terms. I agree to pay the cancellation fee in the event of a missed appointment. Client Name (Printed) Client (signature) Date



BILLED TO:

Clients Name

Address:

Phone:

Email: hello@reallygreatsite.com

INVOICE NO: #01234

Issue Date: 12/06/2024

Issue Due: 13/06/2024

NO	DESCRIPTION	PRICE	QTY	TOTAL
1	Item	100	2	\$300
2	Item	100	3	\$100
3	Item	100	1	\$200
4	Item	100	1	\$100
5	Item	100	1	\$100
TOTAL			\$800	
E	SCOS-BEAUTY		Subtotal	\$800
Address: 123 Street			Discount (10%)	\$17
City/ State/ Zip Code			Total	\$500
Phone:			Tax (10%)	\$27
Email:			Amount due	\$550

PAYMENT INFORMATION

Bank: YourBank Name

Account Name: Avery Davis Account No.: 123-456-7890

PayPal:

