

HOW TO USE THESE FORM TEMPLATES

HELLO! THESE FORM TEMPLATES ARE HERE TO HELP YOU CREATE YOUR OWN INTAKE FORMS AND INFORMED CONSENTS FOR YOUR PERMANENT MAKEUP BUSINESS. PLEASE KEEP THE FOLLOWING IN MIND:

THIS IS A “VIEW ONLY” FILE. TO EDIT, SIMPLY CREATE YOUR OWN COPY IN CANVA (FILE > MAKE A COPY).

CUSTOMIZE THE TEMPLATES WITH YOUR BRANDING: COLORS, LOGO, AND LANGUAGE THAT SUITS YOUR STUDIO'S VIBE.

REVIEW EACH SECTION CAREFULLY TO ENSURE IT ALIGNS WITH YOUR SPECIFIC BUSINESS POLICIES AND PROCEDURES.

WE'RE HERE TO PROVIDE THESE TEMPLATES, BUT WE CAN'T TAKE RESPONSIBILITY FOR ANY ISSUES THAT MAY ARISE FROM THEIR USE. PLEASE ENSURE THAT YOUR FORMS COMPLY WITH LOCAL LAWS AND REGULATIONS.

BY USING THESE TEMPLATES, YOU AGREE TO TAILOR THEM FOR YOUR UNIQUE NEEDS.

ENJOY CREATING!

YOUR
LOGO
HERE

INFORMED CONSENT

for permanent makeup

I, _____, confirm that I am over 18 years of age, not under the influence of drugs or alcohol, and am neither pregnant nor nursing. I voluntarily choose to receive the specified semi-permanent pigmentation procedure. The general details of cosmetic micro-pigmentation, as well as the specifics of this procedure, have been fully explained to me.

If an unexpected situation arises during the procedure, I authorize my technician to use their professional judgment to make any necessary adjustments based on the circumstances. I accept responsibility for the final choice of color, shape, and position of the permanent makeup as we agreed upon during my consultation. I understand and accept that non-toxic pigments will be used, and while the color will fade over time (typically 1-3 years), some pigment may remain in the skin indefinitely.

I have been assured that this facility follows the highest hygiene standards, with sterile, single-use needles and pigment containers used for each client, procedure, and appointment.

I acknowledge and understand that achieving the desired results is a process and may require multiple pigment applications. I understand that the first procedure may not yield 100% of the desired result, and I may need to return for additional applications.

I understand that the final outcome of this procedure may be affected by various factors, including my current medications, skin type (e.g., oily, dry, sun-damaged, thick, or thin), personal skin pH balance, alcohol use, smoking habits, and how well I follow aftercare instructions.

After the procedure, I may experience temporary swelling, redness, and, in some cases, bruising. These effects typically subside within 1-4 days. I can resume normal activities after the procedure but understand that I should avoid makeup application, heavy sweating, and sun exposure until my skin has healed. Full aftercare instructions have been provided. The initial results should be acceptable for appearing in public without additional makeup.

I have been informed that the final color may take up to six weeks to develop, and the pigment may vary based on my skin tone, type, age, and overall skin condition. I understand that some skin types hold pigment more readily than others, so exact color matching cannot be guaranteed.

To the best of my knowledge, I do not have any physical, mental, or medical condition that would affect my safety or well-being as a result of undergoing this procedure.

I agree to follow all pre-procedure and post-procedure instructions provided and explained to me by my technician. I understand that failing to follow these instructions may impact the success of my procedure.

I certify that I have read and fully understand the statements above, have had ample opportunity to discuss and ask questions, and hereby give my informed consent to the procedure as described.

.....
Client Printed Name

.....
Clients Signature

.....
Date

.....
Cosmetic Professional Name

.....
Cosmetic Professional Signature

.....
Date

BEAUTY BUSINESS NAME

123 BEAUTIFUL ST., YOUR CITY, STATE, COUNTRY, 12345, | HELLO@BEAUTIFUL.COM | WWW.BESTSITE.COM

INFORMED CONSENT CONTINUED

I have been informed about the nature, risks, and potential complications associated with permanent pigmentation. I understand that this procedure carries risks, known and unknown, which include but are not limited to infection, scarring, inconsistent color, and possible spreading, fanning, or fading of the pigments. I accept that the final color may vary slightly due to my skin's tone and color.

I understand that this procedure is a form of tattooing and is therefore not an exact science but an art. I accept the permanence of this procedure along with its potential risks and consequences.

I am aware that there is a chance of allergic reactions to the numbing agent and/or pigments. A patch test is available, though it does not fully guarantee that I won't have a reaction. If I choose to waive the patch test, I release the technician from any liability if I experience an allergic reaction. Please initial one:

- I consent to the patch test _____
- I waive the patch test _____

I understand that skin treatments, injectables, laser hair removal, plastic surgery, or other procedures that alter the skin may affect the results of my permanent makeup. I acknowledge that some of these changes may not be correctable.

I authorize my Cosmetic Professional to perform the specified procedure:

.....
Procedure

I confirm that I have read and fully understand each of the above statements. I have had sufficient opportunity to discuss and ask questions and hereby consent to the procedure as described above.

.....
Client Printed Name

.....
Clients Signature

.....
Date

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Cosmetic Professional Name

.....
Cosmetic Professional Signature

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Date

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