

Form Bundle

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- Treatment Plan form
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DISCLAIMER

THE PROVIDED FORMS ARE FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. THESE FORMS MAY NOT BE APPLICABLE TO YOUR PARTICULAR SITUATION OR JURISDICTION. IT IS RECOMMENDED TO CONSULT WITH A LICENSED ATTORNEY TO ENSURE THAT THE FORMS FULFILL YOUR SPECIFIC LEGAL NEEDS AND ARE LEGALLY ENFORCEABLE. THE USE OF THESE FORMS DOES NOT CREATE AN ATTORNEY-CLIENT RELATIONSHIP, AND ST. LISSE IS NOT LIABLE FOR ANY LOSSES OR DAMAGES ARISING FROM THEIR USE.

Client Form

C O S M E T I C T A T T O O



CLIENT INFORMATION

First name:	Last name:		
Date of birth:	Female	Male	NB
Address:			
City:	Post code:		
Email address:			
Mobile phone:	Home phone:		
Emergency contact name:	Emergency phone:		

MEDICAL HISTORY

Have you ever been diagnosed with or treated for any of the following conditions?

Have you ever use or currently skin medications such as AHA's

☐ No ☐ Yes - details _____

- | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="radio"/> Alopecia | <input type="radio"/> Diabetes | <input type="radio"/> History of gallstones |
| <input type="radio"/> Autoimmune disorder | <input type="radio"/> Dermatitis | <input type="radio"/> Metal bone/pins/plates |
| <input type="radio"/> Blisters/Herpes Simplex | <input type="radio"/> Easy bleeding | <input type="radio"/> Heart condition |
| <input type="radio"/> Bleeding disorders | <input type="radio"/> Epilepsy | <input type="radio"/> Liver condition |
| <input type="radio"/> Cancer | <input type="radio"/> Eczema | <input type="radio"/> Skin diseases |
| <input type="radio"/> Chemotherapy/radiation | <input type="radio"/> Fainting episodes | <input type="radio"/> Skin sensitivity |
| <input type="radio"/> Dermatitis | <input type="radio"/> Gallbladder removed | <input type="radio"/> Thrombosis/phlebitis |
| <input type="radio"/> Thyroid condition | <input type="radio"/> Acne medication | <input type="radio"/> Other |

If 'Other', please detail: _____

Have you ever had a tattoo procedure? If 'Yes', when was your last one?

☐ Yes ☐ No _____

Have you ever had adverse reactions to any previous treatments? If 'Yes', please specify

the type of reaction:

☐ Yes ☐ No _____

Client Form

C O S M E T I C T A T T O O



Are you currently taking any medications including blood thinners? If 'Yes', please detail:

Yes No _____

Are you currently pregnant or breastfeeding? If 'Yes', please detail:

Yes No _____

Have you exfoliated or applied any products to your body in the last 24 hours? If 'Yes', please state what products you used:

Yes No _____

Do you use tanning beds or spend regular time in the sun? If 'Yes' please detail:

Yes No _____

Have you had any allergic reactions to any of the following?

Lidocaine (Anesthetic) Iron Oxide Latex

Please list your skin type:

Dry Oily Combination Normal

What aspects of the target area would you like to change or improve? (color, density, shape)

By signing below, I certify that the medical history provided today is accurate and complete to the best of my knowledge.

Client printed name:

Client signature:

Date:

Technician name:

Technician signature

Date:

C O S M E T I C T A T T O O



Price: Payment plan:

[illegible]



Name: _____ Date: _____

Date of birth: _____ Phone: _____

Treatment/s carried out:

Eyebrows Eyeliner Lips

Other _____

Technique used: _____

Pigment colors used: _____

Blade/needle(s) used: _____

Lot No: _____ Expiry: _____

Procedure notes: _____

	0	1-3	4-5	6-7	8-10
Pain Level					
Blood Level					
Brusing					
Swelling					

Technician name:

Technician signature

Date:

Consent Form

C O S M E T I C T A T T O O



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Client name: _____

Date: _____

Date of birth: _____

Phone: _____

A B O U T T H E P R O C E D U R E

Permanent makeup, also called micropigmentation or cosmetic tattooing, is a technique where pigments are implanted into the skin's dermal layer to enhance or restore facial features like eyebrows, eyeliner, and lip color. This procedure offers lasting results, minimizing the need for daily makeup application.

C O N S E N T

Please confirm your understanding by initialing below:

- ___ Despite precautions, injuries may occur during the treatment, and the technician will not be held liable for any complications that may arise unless due to negligence.
- ___ Results may vary due to skin undertones and individual health, and I will communicate any concerns before the procedure.
- ___ I will seek medical attention and inform the technician if any reactions occur.
- ___ I agree to strictly follow the aftercare instructions provided by the technician, as failure to do so may affect the desired results.
- ___ I understand that the procedure uses iron oxide pigments that may not fade completely.
- ___ The technician will not be held liable for any damages resulting from allergic reactions, skin sensitivity, or failure to follow aftercare instructions.
- ___ I acknowledge and accept that no guarantees are made regarding the outcome of the procedure.
- ___ I have disclosed my relevant history and will inform the technician of any future changes.
- ___ I understand that this description is meant to inform rather than alarm me. I consent to the procedure, acknowledging the risks and complications involved.
- ___ I acknowledge that payments for the services are non-refundable.

PERMANENT MAKEUP CLIENT CONSENT FORM

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- I acknowledge that cosmetic tattooing is generally a 2 to 3 step process. Each session must be performed e between 4 and 8 weeks after the initial session
- No refunds will be given if I choose to discontinue treatment while experiencing positive results. For the service provider to use photos of my progress beyond my personal file, a separate Photo Release form will be signed.

By signing below, I certify that I have read and understood the contents of this Permanent Makeup Consent Form. I agree to provide a 24-hour notice for any appointment cancelation or rescheduling; failure to do so will result in the forfeiture of a treatment from my package. I give my informed consent to receive Permanent Makeup Treatment from the named Technician below.

Client printed name:

Client signature:

Date:

Technician name:

Technician signature:

Date:



We are committed to providing exceptional care to all our clients in a timely manner. To facilitate efficient scheduling, we have a 24-hour cancellation policy for all appointments.

We understand that unexpected situations can arise that may require you to reschedule or cancel your appointment. However, we kindly ask that you provide at least 24 hours' notice for any changes. This allows us to offer the newly available time slot to other clients who may need it.

If you cancel or reschedule within 24 hours of your appointment, a fee equal to the full cost of the service will apply. Not showing up without notice will also result in the full service charge.

In the case of lateness, we may need to adjust the duration of your service to stay on schedule. You will still be charged for the originally booked service, regardless of any modifications made due to lateness. If you are more than 15 minutes late and we cannot complete the service within the allocated time, you will be charged the full service amount.

Thank you for your understanding and cooperation in following our cancellation policy. This policy helps us manage our estheticians' time effectively and ensures that we can provide the best possible service to all our clients.

I have read this policy and understand that I need to provide at least 24 hours notice when rescheduling or cancelling an appointment. If I fail to contact the office at least 24 hours in advance, I will be charged the appropriate cancelation fee.

Client printed name:

Client signature:

Date:

Technician name:

Technician signature:

Date:

[illegible]

Photo & Video Release from



Name: _____

Date: _____

Date of birth: _____

Age: _____

Phone: _____

Email: _____

I grant permission for the unrestricted use of my image, likeness, and voice in audio or video recordings, without any payment or consideration. I understand that my image may be edited, copied, exhibited, published, or distributed, and I waive the right to inspect or approve the final product where my likeness appears.

I also waive any rights to royalties or compensation associated with the use of my image or recording.

I acknowledge that these materials may be used in various educational settings without any geographical limitations.

Photographic, audio, or video recordings may be utilized for conference presentations, educational courses, online education, informational presentations, or educational videos.

By signing this release, I understand that my photographs or video recordings may be electronically displayed on the Internet or in public educational settings.

I will be consulted if there is a request to use the photographs or video recordings for purposes other than those mentioned above. This release has no time limit and applies solely to the sessions listed in this document without any geographical restrictions.

By signing this form, I confirm that I have read and understood the above release, and I agree to its terms. I hereby release any person or organization using this material for educational purposes from any claims or liabilities.

Client printed name:

Client signature:

Date: