

**Permanent Makeup
Client Indemnity Details**

(The information supplied below is confidential and for professional use only)

Photo taken
number/
Time record

I, _____, the undersigned, hereby consent to my treatment (circle which one is applicable) EYEBROWS / EYELINER / LIPLINE / LIP BLEND / FULL LIP COLOUR / OTHER (please fill) _____

QUESTIONNAIRE:

Please circle the appropriate answers to the questions below:

- | | |
|--|----------|
| 1. Are you prone to cold sore? | Yes / No |
| 2. Are you a diabetic? | Yes / No |
| 3. Are you a haemophiliac? | Yes / No |
| 4. Do you suffer from any heart conditions? | Yes / No |
| 5. Do you suffer from high blood pressure? | Yes / No |
| 6. Do you wear contact lenses? | Yes / No |
| 7. Are you allergic to topical anaesthetic cream? | Yes / No |
| 8. Have you ever had an adverse reaction to a dental block? | Yes / No |
| 9. Is there any other conditions or illness that you are aware of? | Yes / No |
- If yes, please indicate conditions/ illness: _____

Corrective
eyeliner top
& bottom
OR
New
eyeliner top
& bottom
colour

Client Signature _____

Date: _____

Corrective
eyebrow
OR
New
eyebrow
colour

CONSENT:

*I(CLIENT) am aware that the treatment has been in Australia for _____ years, and I understand that there are consequences which may follow from such treatment.

*I(CLIENT) acknowledge that you have carried out the treatment at my request and in the event that any damage is done to my skin or any part of my face by the treatment, you and your organization will not be responsible for the same and that I shall **NOT** be entitled to take any action against you and your organization either at law or in equity in respect of such treatment.

*I(CLIENT) acknowledge that I have been given the opportunity to ask any questions relating to the treatment and that any questions which I asked were answered to my satisfaction. I am in perfect health and have none of the conditions stated by you.

*I(CLIENT) am responsible for the "at home care" which may have risk of infection or fading of pigments if not carried out fully, and that no guarantees have been made to me regarding the results including fading.

*I(CLIENT) hereby voluntarily request and consent to the above mentioned treatment.

*I(CLIENT) am satisfied with the results obtained from this procedure and I have been informed by you that the selected colour may vary on skin tones of differing individuals as well as throughout the healing process.

*I(CLIENT) certify that I have been given the opportunity to discuss the shape and to choose the colour for this procedure and am happy with both choices.

(Please print the following in capitals)

First Name: _____ **Surname:** _____

Address: _____

Mobile Phone: _____ **Home Phone:** _____

Date of Birth(dd/mm/yy): _____

Client Signature: _____ **Date:** _____

Colleague Witness Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

Corrective
full lip
OR
New full lip
colour

Corrective
new lip liner
OR
New lip liner
colour