



704-279-5545

Client Intake & Medical History



PERMANENT MAKEUP

CLIENT INFORMATION

Name		D.O.B.
Address		
City	State	Zip Code
Email		Phone
Emergency Contact		Phone

Which Permanent Makeup procedure are you having today?

<input type="checkbox"/> Brows	<input type="checkbox"/> Areola 3D	<input type="checkbox"/> Scar Camouflage	<input type="checkbox"/> Microblading	<input type="checkbox"/> Lip Blushing	<input type="checkbox"/> Eyeliner	<input type="checkbox"/> Scalp Micropigmentation	<input type="checkbox"/> Other _____
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Have you had a Permanent Makeup procedure before?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

If yes, did you have any issues with healing after the Permanent Makeup procedure?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Have you had any facial or dermatology services in the past 2 weeks?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Have you used any Retin-A, Renova, AHAs or Retinol/Vitamin A products within the last 3 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Have you had Botox, Restylane, Juvederm or any Collagen injections within the last 2 weeks?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Have you used Accutane (Isotretinoin) within the past 6-12 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Do you have an active infection of any type?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Have you taken any blood thinning medication (Aspirin, Ibuprofen etc) within the past week?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details

Are you currently using lash or brow growth serums?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have an active case of Herpes Simplex virus?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you currently wear contact lenses?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have you consumed alcohol within the past 24 hours?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MEDICAL HISTORY

Please check all that apply

<input type="checkbox"/> Acute Acne	<input type="checkbox"/> Chemotherapy	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Loss of Sensation	<input type="checkbox"/> Recent Surgical Incision
<input type="checkbox"/> Alopecia	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Low Blood Pressure	<input type="checkbox"/> Rosacea
<input type="checkbox"/> Anemia	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lupus	<input type="checkbox"/> Seborrhea
<input type="checkbox"/> Anticoagulants	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV	<input type="checkbox"/> Moles/Raised Lesions	<input type="checkbox"/> Sinus Infection
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hives/Herpes/Shingles	<input type="checkbox"/> MRSA	<input type="checkbox"/> Skin Cancer
<input type="checkbox"/> Asthma	<input type="checkbox"/> Easy Bruising	<input type="checkbox"/> Hormone Therapy	<input type="checkbox"/> Oily Skin	<input type="checkbox"/> Skin Conditions/Disorders
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hyperpigmentation	<input type="checkbox"/> Organ Failure	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Blepharoplasty	<input type="checkbox"/> Eye Disorder	<input type="checkbox"/> Hypopigmentation	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Tumors/Growths
<input type="checkbox"/> Botox/Dermal Fillers	<input type="checkbox"/> Facelift	<input type="checkbox"/> Insulin Monitor	<input type="checkbox"/> Pre-Cancerous Lesions	<input type="checkbox"/> Unhealed Wounds
<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Iron Deficiency	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Warts
<input type="checkbox"/> Cancer	<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Keloid Scarring	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Other
<input type="checkbox"/> Cardiac/Vascular Issues	<input type="checkbox"/> Heart/Liver/Kidney Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Rashes	_____

Details for any of the above _____

Are you currently taking any medications, including oral, topical or transdermal? ☐ Yes ☐ No

Details _____

Do you have any allergies? ☐ Yes ☐ No

Details _____

Would you like to be added to our email list for future specials and discounts? ☐ Yes ☐ No

How did you hear about "Beautifully You"?

☐ 
☐ 
☐ 
☐ 
☐ Other _____

This form is completely confidential. By signing below, I agree to the following:

The information I have provided regarding my Medical History is accurate to the best of my knowledge.

I understand the information given pertaining to Permanent Makeup and confirm that I do not have any condition/s that would make the treatment unsuitable.

I agree to inform my Technician if I experience any discomfort during the procedure, so they may adjust accordingly.

I agree to waive all liability towards my Technician and "Beautifully You" for any injury or damages incurred due to my failure to disclose any existing or past health conditions.

Client Signature

Date



704-279-5545

Client Consent Form

PERMANENT MAKEUP



Permanent Makeup (also known as permanent cosmetics, PMU, micropigmentation and cosmetic tattooing) is an aesthetic procedure using a pen that tattoos the skin to create the look of makeup. This can be used to mimic eyeliner or lipstick, or it can create the look of thicker and fuller eyebrows. It can also be used to camouflage scars and help with the look of an uneven hairline.

Please read and initial the following statements:

☐ I voluntarily elect to undergo the permanent makeup procedure/s as indicated below, having had the nature and purpose of each procedure, along with the risks and hazards involved, fully explained to me by "Beautifully You".

☐

☐ I understand that these procedures are a form of tattooing, although it is semi-permanent.

☐ I understand that I will need to return for a second treatment before my procedure can be deemed complete and that there is a fee associated with that service.

☐ I understand that there is a risk of side effects from these procedures, including but not limited to uneven coloring, redness, swelling, infection, allergic reaction, minor bleeding, crusting, loss of eyelashes, severe eyelid injury, spreading/fanning or fading of pigment and possible scarring.

☐ I confirm that I have not used any products containing retinol, glycolic acid, lactic acid, salicylic acid, or AHAs within the past 7-10 days.

☐ I confirm that I have not had any type of facial cosmetic procedure, Botox or fillers within the past month.

☐ I have read and understood the post-treatment home care instructions and understand how important it is to follow all instructions given to me for post-treatment care. In the event I may have additional questions or concerns regarding my treatment or post-treatment care, I will consult "Beautifully You" immediately.

☐ The information I have provided about my medical history is accurate to the best of my knowledge, including all known allergies and/or prescription drugs/products I am currently ingesting or using topically.

☐ I confirm I am not currently under the influence of alcohol or drugs.

☐ I understand that all needles used for my procedure today are individually wrapped, sterile and disposed of after each client.

☐ I understand that a Patch Test is highly recommended for determining allergic reactions and sensitivities. I agree that if I do not consent to a Patch Test, I do not hold "Beautifully You" responsible for any skin reaction I may have during or after the procedure.

I consent to a Patch Test ☐

I do not consent to a Patch Test ☐

☐ I understand that the following conditions are recognized as contraindications for Permanent Makeup and have advised my Technician of any that apply to me.

- Pregnancy or Breastfeeding
- High blood pressure
- Cardiac Disease
- Diabetes
- Active herpes simplex (cold sores)
- Glaucoma
- Active acne
- Use of blood thinners
- Use of Accutane in the past 6 months
- Recent use of retinols, glycolic acids, alpha-hydroxy acids
- Waxing within the past 7 days
- Sunburn
- Any recent chemical peel procedure
- Any recent cosmetic procedure (Botox, Dermal Fillers)
- Blood Disorder
- Eczema or psoriasis
- Dermatitis
- Cancer/Chemotherapy
- Hepatitis
- Rosacea
- Keloid scarring
- Susceptible to post-inflammatory hyperpigmentation

I have read and fully understand this agreement and all information detailed above. I understand the Permanent Makeup procedure/s being performed today and accept all possible risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement.

I do not hold "Beautifully You" or the Technician performing the procedure/s, responsible for any of my conditions that were present, but not disclosed at the time of these procedure/s, which may be affected by the procedure/s performed today.

I confirm that I am at least 18 years of age and by signing this Consent Form, I agree to waive all liability towards my Technician and "Beautifully You" for any injury or damages incurred during or after treatment, due to any misrepresentation of my medical history.

NAME PRINTED

SIGNATURE

DATE



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Pre-Procedure Info

PERMANENT MAKEUP



- ✦ Clients wanting a Permanent Makeup procedure, need to have a full consultation and if necessary, a patch test of pigment prior to the procedure. Please fill out all forms with accurate information.
- ✦ Please inform technician if you take blood thinners or had caffeine the day of procedure. Please inform us of all medication on the Medical History form. **PLEASE DO NOT DISCONTINUE ANY MEDICATION WITHOUT THE ACKNOWLEDGEMENT AND APPROVAL OF YOUR PHYSICIAN. YOUR HEALTH IS OUR PRIORITY.**
- ✦ If you suffer from cold sores, you **MUST** take antiviral medication up to a week before and after the procedure. Failure to do so can risk an outbreak and can affect the healing process.
- ✦ We are unable to move forward with your procedure if the technician feels you are not a good candidate.
- ✦ We are unable to move forward with your procedure if you are on Accutane or have taken it within the past year. You need to wait 1 full year before you are a candidate for Permanent Makeup.
- ✦ Please avoid the consumption of alcohol 24 hours prior to your service. Alcohol can thin the skin and promote excessive bleeding and lymph drainage.
- ✦ Esthetic treatments such as IPL, Laser Peels, all chemical peels or advanced exfoliation of the skin must be discontinued for 7-10 days prior to your procedure. The use of strong active ingredients such as AHA's BHA's or Retin-A also have to be discontinued for at least 7-10 days as they can compromise the skin prior to your procedure. If you have any questions, please inform your technician of the current home care products you are using.
- ✦ Botox and other facial injectables like Restylane can alter the shape of your cosmetic procedure. You must wait until these treatments have worn off or have them performed a month after the procedure.
- ✦ Antibiotics are not allowed prior to your procedure. Please check with your physician to determine the type of antibiotics and if you are able to stop the use of them 7 days prior to your service.
- ✦ Permanent makeup cannot be performed on sunburned skin or a tanning bed procedure. Your skin must be fully healed. Your Technician will determine how long the healing process will be and when you are able to receive your procedure.
- ✦ Numbing agents are used during your procedure. It is normal for your skin to feel irritation, sensitivity or some discomfort. If you are allergic to lidocaine please inform your Technician. It is also normal for your skin to be sensitive and red after the procedure. We can not accept responsibility if the area to be treated does not respond to the numbing agent.
- ✦ For the health of your skin and proper healing, please make sure to follow all aftercare instructions and avoid all situations that can or could promote sweating and irritation of your skin after your procedure.

- ✦ Hair removal (waxing, tweezing or shaving) may be performed prior to your procedure depending on the health of your skin. Any electrolysis for facial hair removal must be done 7 days prior to your service.
- ✦ Topical anesthetics are used for your maximum comfort during your procedure. Allergic reactions can occur during or after the procedure. A reaction can present itself as swelling, rash, redness, dryness or other symptoms. Depending on the individuals skin and level of pain tolerance, clients can be completely numb and others can experience some discomfort. Please communicate any type of discomfort or irritation with your Technician at all times during your procedure. A Patch Test is highly recommended prior to your service. All clients can develop an allergy to products over time and this helps us determine your skin's health and your candidacy for this service.
- ✦ Permanent makeup procedures normally require multiple treatment sessions. For best results, clients will be required to return for at least one touch-up session. This will take place 4 to 5 weeks after the initial procedure. Those with oily skin may require an additional touch-up. Please be aware that color intensity will be significantly darker and sharper immediately after the first session and for a few days after the initial procedure, but the color will typically then reduce by 30-50%
- ✦ When arriving at your appointment for PMU Brows/Microblading, a brow map will be customized for you to find the ideal brow shape for your face. This design will remain on the Clients face to act as a template/guide for the tattoo. Numbing agents will be applied to numb the area before tattooing commences. We recommend arriving with your brow makeup already applied as this will be helpful in determining shape and color of your new brows.
- ✦ When arriving at your appointment for PMU Eyeliner, please arrive with a clean and freshly washed face. Please remove contact lenses prior to arriving and have all lash extensions and false eyelashes removed at least 3 days before your procedure. Numbing agents will be used to numb the area before a map will be drawn, demonstrating the area to be tattooed. This design will remain on the Clients face to act as a template/guide for the tattoo. Topical Lidocaine used for PMU
- ✦ When arriving at your appointment for Lip Blushing, please arrive with a clean, freshly washed face. Numbing agents will be used to numb the area before the Technician draws the shape of what your lips will look like, demonstrating the area to be tattooed. This design will remain on the Clients face to act as a template/guide for the tattoo. Once you're happy with the shape and color choice, the tattooing will begin. After the procedure, which should take about an hour, you may experience swelling, redness and potential bruising.
- ✦ Cosmetic Tattoos cannot be rushed and one size most certainly does not fit all. There are many factors to consider prior to commencing the procedure to ensure effective application and tattoo retention. The consultation and design process is just as important as the application procedure itself and must be completed collaboratively with the client.

I have read and fully understand the information provided above and any risks involved with topical anesthetic and these procedures and therefore consent to the use of a topical anesthetic for my permanent cosmetic procedure. I also agree and have consented to all Pre-Care and After-Care Instructions completely.

NAME PRINTED

SIGNATURE

DATE



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Client Treatment Notes

PERMANENT MAKEUP



NAME

DATE

PROCEDURE:

Pigment Shade

Anesthetic Used

Needle/Blade Size

Pigment Shade

Anesthetic Used

Needle/Blade Size

Pigment Shade

Anesthetic Used

Needle/Blade Size

PATCH TEST?

☐

YES

☐

NO

RESULTS

TOUCH-UP DATE

PRODUCTS USED

EQUIPMENT USED

NOTES



704-279-5545

Photo & Video

RELEASE FORM



I hereby give consent and grant permission for "Beautifully You" to use specified photographs and/or video taken before, during and after the treatment/procedure I have requested today. I understand that my identity will be protected and neither my full face, nor my name will be used in conjunction with the photographs and/or video.

I hereby waive any right to inspect or approve the finished photographs and/or video and agree that they may be used by "Beautifully You" in their marketing, social media, advertising, any printed and digital media and on their website.

Additionally, I waive my right to payment, royalties or any other compensation that may arise from the use of these photographs and/or video.

I confirm that I am at least 18 years of age and by signing this form, I acknowledge that I have completely read and understood the above release and agree to be bound thereby.

Permissions granted for the following Photographs/Videos/Audio as listed below:

PICTURE/VIDEO/AUDIO DESCRIPTION

DATE TAKEN

By signing below, I knowingly and willingly consent to release "Beautifully You" and anyone authorized by this business all personal rights and objections I have or may have

NAME PRINTED

SIGNATURE

DATE



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Cancellation Policy



At "Beautifully You", your appointments are very important to us and we understand that sometimes appointments need to be re-scheduled or canceled. Because most of our services require preparation time to properly prepare a room for your treatment, we have Cancellation Policies in place. In order to provide you and others with excellent customer service and access to appointments during peak times, we kindly ask for the following considerations:

CANCELLATION POLICY & FEES

- We respectfully request at least 24 hours notice to cancel or reschedule your appointment.
- Less than 24 hours notice will result in a charge equal to 50% of the reserved service amount.
- All "NO SHOWS" will be charged 100% of the reserved service amount.

This cancellation policy allows us time to inform our standby guests of any availability. Without sufficient notice, we end up turning away other clientele who could have scheduled an appointment for the same time.

ARRIVAL TIME

Please arrive for your appointment 5 minutes before your scheduled appointment time. This allows for extra time to attend to your paperwork etc. Arriving early will not guarantee your service will start before your scheduled appointment time.

LATE ARRIVALS

We understand that sometimes things happen outside of your control to make you late for your appointment. We will do everything we can to accommodate you, but unfortunately it will limit the time allocated for your treatment or we may need to reschedule your appointment. If we have to reschedule your appointment, you will be responsible for 50% of the value of the original service(s).

Please let us know as soon as possible if you are running late so we can best accommodate everyone.

Thank you for viewing and supporting our policies criteria.

I have read and understand the Cancellation Policies listed above and agree to abide by the above conditions.

NAME PRINTED

SIGNATURE

DATE