Business name _____

Semi-Permanent Makeup Consent

This treatment uses a needle to deposit pigment into the skin, so it carries some of the same risks as a tattoo: infection if aftercare isn't followed properly, and a small risk of scarring or an allergic reaction to the pigment. Please read the questions below carefully, since some conditions and medications mean this treatment isn't suitable right now.

Full name

Date of birth

Home address

We can't do this treatment for anyone under 18. It puts pigment into the skin, as a tattoo does, and in England, Wales and Scotland the law doesn't allow anyone under 18 to be tattooed, except for medical reasons by a doctor or someone working under their direction.

Are you under 18? ☐ Yes ☐ No

Emergency contact (name and relationship)

GP name (so we can follow up if needed)

Do you smoke? ☐ Yes ☐ No

Are you pregnant or breastfeeding? ☐ Yes ☐ No

Are you taking blood-thinning medication (including daily aspirin)? ☐ Yes ☐ No

Do you have diabetes, epilepsy, or a history of keloid scarring? ☐ Yes ☐ No

Any known allergy to pigments, latex, or numbing cream (anaesthetic)? ☐ Yes ☐ No

Have you had Botox or filler in the treatment area in the last 4 weeks? ☐ Yes ☐ No

Please list any medications or other relevant medical history

What to expect: colour appears darker for the first 5–7 days while healing, then softens. A touch-up appointment is usually needed 4–6 weeks later. Results vary between clients and skin types.

☐ I agree to before/after photos being taken for my clinical record (not for marketing unless I separately agree).

- [ ] I understand the aftercare advice given and agree to follow it.
- [ ] I confirm the information I've given above is accurate, and I consent to this treatment.

- [ ] I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____