



SAMANTHA RUTHVEN  
BEAUTY

**Semi-Permanent Makeup (SPM) Consultation Form**

**TO BE FILLED IN BY THE CLIENT**

**Date of treatment:** ....../...../.....

**Technician:** Samantha Ruthven

**It is illegal to tattoo a minor, and it is SR Beauty's policy to not perform any procedure on anyone under the age of 18 or under the influence of alcohol or illegal drugs.**

<b>Full name</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Contact number</b>	
<b>Email Address</b>	

**SPM Treatment to be received:**

- ☐ Microblading Brows
- ☐ Ombre Brows
- ☐ Powder Brows
- ☐ Combination Brow
- ☐ Machine Hairstrokes

1. I understand that Semi-Permanent Makeup is an art process and not an exact science and that every client heals differently. I understand that this is a multi-treatment process.

**Please initial.....**

2. I understand that I am entering into a multi treatment procedure and until then, my treatment is complete. I agree that if I decide not to return for additional treatments (e.g. Top-Up) that any fee/payment is non-refundable.

**Please initial.....**

3. I have undergone or been offered an allergy test prior to my treatment and thereby release the technician from any liability related to any allergic reaction or secondary reaction to applied pigments or other products used during or after the procedure or at a later date. Pigments are mainly composed of iron oxide, alcohol, glycerol and water.

**Please initial.....**

4. All needles and/or machine parts used are either individually wrapped or sterile and disposed of after each treatment. I accept that whilst in the treatment room all hygiene precautions are taken. My risk of infection begins the moment I leave the clinic.

**Please initial.....**

5. **I confirm I will agree all colours and shape prior to any work commencing**, and that the technician will keep a log of pigments chosen to assist further visits. I agree to before, drawn and after photographs been taken.

**Please initial.....**

6. I accept that after the treatment the direct area treated may show signs of swelling, redness and in rare cases bruising. Microblading/Semi Permanent makeup can be painful.

**Please initial.....**

7. I understand that the chosen pigment when applied **may appear darker for up to 7 days** after treatment. This will then lighten depending on skin type and lifestyle. I accept that I need to return for additional applications (post top-up) and that if I don't return the makeup will fade faster in the skin and additional work may be needed and will be charged for.

**Please initial.....**

8. **I confirm I will strictly adhere to the aftercare instructions** given to me and only apply aftercare products given to the treated area as directed by Samantha. I also accept that complications and rejection of pigment is possible especially if aftercare instructions are not followed and that should I get an infection post treatment that I will immediately visit my GP and accept that this is possibly due to the fact that I do not live in sterile conditions. If I have any concerns, I will telephone my technician to discuss.

**Please initial.....**

9. I fully understand and accept that colours **will stay visible in the skin for 1 to 5 years** and in some cases indefinitely. That lighter colours fade faster than darker based colours and that colours change with time and the technician cannot guarantee the longevity of colour in the skin after each application as this varies from person to person. I confirm and accept that should I use sun beds or frequent sun exposure, Glycolic Acids, AHA (Alpha-hydroxy acids) products that this will fade my colour(s) faster. Oilier skin types or excessively dry skins can lose colour more quickly.

**Please initial.....**

10. I understand that laser treatments or surgery may alter my Semi Permanent Makeup and I do not hold the technician responsible.

**Please initial.....**



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11. I understand that if I have a MRI or CAT scan, pigmentation may tingle in the treated area this will not affect the treatment.

**Please initial.....**

12. I understand that if I wish to change the colour, thickness or shape after my first application that additional costs will be incurred as the area will need an additional treatment.

**Please initial.....**

**TITANIUM DIOXIDE DISCLOSURE**

Titanium dioxide is present as an ingredient in many pigment colours in small traces but present in larger quantities in lighter formulations and white pigment.

Regardless of what is stated by the manufacturer on the label of the bottle no one can guarantee that white (an essential component used in many colours) is not going to be mixed in pigment. Therefore, by my signature on this form, I acknowledge that I understand that my decision to proceed with a micropigmentation procedure will prevent me having any future laser treatments in the area of my micropigmentation.

<b>Full Name</b>	
<b>Clients Signature</b>	
<b>Date</b>	

***Please note that if considering laser hair removal, please inform the laser specialist that you have had Semi Permanent Makeup as laser can drastically change the colour of the treated area if in direct contact.***

*I hereby consent to Semi-Permanent Makeup procedure. I have read and fully understand all the points listed in this procedure consent form.*

*I accept full responsibility for any complications that may arise during or following the treatment.*

*I hereby give my written consent for Semi-Permanent Makeup procedure to be applied as requested by me on this consent and procedure agreement.*

<b>Full name</b>	
<b>Sign</b>	
<b>Date</b>	

**Technicians name:** Samantha Ruthven

**Technician's signature:**

## MEDICAL INFORMATION AND MEDICATION

### TO BE FILLED IN BY CLIENT:

Are you currently under the care of a doctor or hospital specialist?

**YES / NO** (please circle)

If **yes** please give details:

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Please list any medication you are taking:

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Have you had Semi Permanent Makeup before? If **yes** please give details:

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**Please circle YES/NO of all conditions that apply to you:**

Pregnant	<b>yes/no</b>	Cancer	<b>yes/no</b>	Dry Eye	<b>yes/no</b>
Eye Disorder	<b>yes/no</b>	Lupus	<b>yes/no</b>	Haemophilia	<b>yes/no</b>
HIV	<b>yes/no</b>	Skin disorder	<b>yes/no</b>	Diabetes	<b>yes/no</b>
TB	<b>yes/no</b>	Alopecia	<b>yes/no</b>	Anaemia	<b>yes/no</b>
Hepatitis	<b>yes/no</b>	Asthma	<b>yes/no</b>	Hyperpigmentation	<b>yes/no</b>

Any additional information:

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**Have you ever received Botox or Filler treatments?** **Yes / No** (please circle)

If **'yes'** please state when – *you must clear 14 days*

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**Have you had a vaccination in the past 14 days?** **Yes / No** (please circle)

If **'yes'** please state when

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