Semi-Permanent Makeup

Client Record Form

|  |  |
| --- | --- |
| **Client Name** | **..............................................................................................................** |
| **Client Address** | **…………………………………………………………………………………………………………….****…………………………………………………………………………………………………………….** |
| **Phone** | **………………………………………………** | **Email** | **…………………………………………** |
| **Date of Procedure** | **……………………………** | **Type of Procedure** | **…………………………..** |
| **Check you have the following** |
| **Medical History Form ……….****Before Photos ……….** | **Consent Form ……….****After Photos ……….** |
| **Notes regarding consultation****……………………………………………………………………………………………………………………………………….****……………………………………………………………………………………………………………………………………….****……………………………………………………………………………………………………………………………………….****……………………………………………………………………………………………………………………………………….****Record of Colours Used** |

