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** | | | | | | |

