

Brow Bar Maine

Permanent Makeup Client Intake Form — please complete before your appointment

Client Information

Full Name

Date of Birth

Phone Number

Email

Appointment Date

Emergency Contact (Name & Phone)

Service Booked (check all that apply)

- | | |
|---|---|
| ☐ Microblading | ☐ Nano Brows |
| ☐ Powder / Ombré Brows | ☐ Combo Brows |
| ☐ Lip Blush | ☐ Permanent Eyeliner |
| ☐ Lash Enhancement | ☐ Sun-Kissed Faux Freckles |

Health History (check any that apply to you)

- | | |
|--|--|
| ☐ Pregnant or nursing | ☐ Diabetic |
| ☐ Autoimmune disorder | ☐ History of keloid scarring |
| ☐ Taking blood thinners or aspirin | ☐ Used Accutane in the past 12 months |
| ☐ Pacemaker or heart condition | ☐ Epilepsy or seizure disorder |
| ☐ Botox/filler in area (last 2 weeks) | ☐ History of cold sores (lip services) |
| ☐ Active skin condition in treatment area | ☐ Allergies (latex, pigment, numbing agent) |

If you have allergies or take medications, please list them:

Anything else your artist should know:

Brow Bar Maine

Acknowledgment, Consent & Signature

Please read and check each box

- ☐ I understand permanent makeup is a multi-step process, and that touch-up appointments are optional (not required) and are not included free of charge.
- ☐ I understand that healed color and shape can differ from the initial application, and that skin type, sun exposure, and aftercare affect results.
- ☐ I have disclosed my full and accurate health history on the previous page, and understand undisclosed conditions may affect my results or eligibility.
- ☐ I have received and reviewed the precare and aftercare instructions for my service(s), and agree to follow them.
- ☐ I consent to my chosen permanent makeup procedure(s) being performed, and understand the general risks of any tattoo/pigment procedure (including but not limited to infection, allergic reaction, and asymmetry).

Photo & Media Consent

Brow Bar Maine would like to take before-and-after photos of your results to share in the studio's portfolio, on the website, and on social media (including Instagram). Photos focus on the treatment area and would not include your name or other identifying details unless you separately agree to that. This is completely optional and choosing not to participate will not affect your service in any way.

- ☐ Yes — I consent to before/after photos of my results being used as described above.
- ☐ No — I do not consent to photos of my results being used.

Signature

By typing your full legal name below, you agree to the acknowledgments above.

Signature (type full legal name)

Date