HALO BROW HAUS
CLIENT INTAKE & MEDICAL HISTORY
Permanent Makeup Services

Thank you for choosing Halo Brow Haus. We are honored to be part of your permanent makeup experience.

Your safety, comfort, and satisfaction are our highest priorities. The information you provide allows us to create a personalized service plan, identify any factors that may affect healing, and provide the safest experience possible.

Please complete this form honestly and thoroughly. All information provided is kept confidential and used only to support your care.

CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

APPOINTMENT INFORMATION

Requested Service:

☐ Nano Brows
☐ Powder Brows
☐ Combination Brows
☐ Lip Blush

Appointment Date: _____

PROCEDURE DETAILS

Treatment Area:

☐ Brows
☐ Lips

Procedure Date: _____

Permanent Makeup Artist: _____

AGE VERIFICATION

☐ I confirm that I am 18 years of age or older.

MEDICAL HISTORY

Please select any conditions that may affect healing, sensitivity, or your procedure results.

☐ Diabetes
☐ High blood pressure
☐ Heart condition
☐ Bleeding disorder
☐ Autoimmune disorder
☐ Thyroid disorder
☐ Epilepsy or seizure disorder
☐ History of keloid or raised scarring
☐ Skin condition near treatment area (eczema, psoriasis, dermatitis, rosacea, vitiligo, etc.)
☐ Open wounds, irritation, infection, rash, or active acne near treatment area
☐ History of cold sores/herpes simplex (especially for Lip Blush clients)
☐ None of the above

Additional medical information:

PREGNANCY & NURSING STATUS

☐ Pregnant
☐ Currently breastfeeding
☐ Neither

MEDICATIONS & ALLERGIES

Please select anything that applies.

Medications

☐ Blood thinners
☐ Aspirin or anti-inflammatory medications
☐ Steroids
☐ Antibiotics
☐ Accutane/Isotretinoin (within the past 12 months)
☐ Immunosuppressants
☐ Other: _____

Allergies & Sensitivities

☐ Latex
☐ Lidocaine
☐ Epinephrine
☐ Tattoo pigments
☐ Adhesives
☐ Cosmetics or skincare products
☐ Other: _____

☐ No known allergies

SKIN CHARACTERISTICS

Please select any that apply:

☐ Oily skin
☐ Sensitive/reactive skin
☐ Acne-prone skin
☐ Easily irritated skin

☐ Frequent sun exposure/tanning
☐ None of the above

SKINCARE & BEAUTY TREATMENTS

Active Skincare Products

Have you used any of the following near the treatment area?

☐ Retinol / Retin-A / Tretinoin
☐ Glycolic Acid / AHA / BHA acids
☐ Prescription acne treatments
☐ Exfoliating treatments
☐ None

Recent Cosmetic or Skin Treatments

Have you received any cosmetic, facial, or advanced skincare treatments near the treatment area?

☐ Botox/Dysport/Xeomin
☐ Dermal fillers
☐ Chemical peel
☐ Laser treatment
☐ Microneedling
☐ Dermaplaning
☐ Facial or advanced skincare treatment
☐ Brow lamination
☐ Brow tint
☐ Waxing/threading near treatment area
☐ Cosmetic surgery (brow lift, facelift, eyelid surgery, etc.)
☐ None

If applicable, please provide treatment type and date(s):

PREVIOUS PERMANENT MAKEUP

Have you previously received permanent makeup?

☐ Yes
☐ No

If yes:

Procedure: _____

Approximate Date: _____

Artist: _____

CLIENT CERTIFICATION

I certify that the information provided above is accurate and complete to the best of my knowledge.

I understand that withholding important medical, skincare, or treatment information may affect my healing, safety, or final results.

I agree to notify Halo Brow Haus of any changes to my health history before future appointments.

Client Signature: _____

Date: _____

HALO BROW HAUS

PERMANENT MAKEUP INFORMED CONSENT

Permanent Makeup Services

Thank you for trusting Halo Brow Haus with your permanent makeup experience. This consent form is designed to ensure you understand the procedure, healing process, expected results, and potential risks before choosing to proceed.

ABOUT PERMANENT MAKEUP

Permanent makeup is a form of cosmetic tattooing that involves implanting pigment into the skin to enhance natural features.

Results are long-lasting but will naturally fade over time and may require future maintenance appointments to preserve the desired appearance.

Every client heals differently. Final results vary based on factors such as skin type, age, lifestyle, medications, sun exposure, skincare products, and individual healing response.

INFORMED CONSENT

By signing below, I acknowledge and understand that:

☐ I am voluntarily choosing to receive permanent makeup services.

☐ I have had the opportunity to ask questions and understand the procedure, healing process, risks, and expected results.

☐ I understand that permanent makeup creates a lasting change to my appearance and that removal or correction may be difficult, costly, or may not restore my skin to its original condition.

☐ I understand that no guarantee has been made regarding the exact color, shape, symmetry, pigment retention, or longevity of my healed results.

☐ I understand that additional touch-up or maintenance appointments may be recommended and may involve additional fees.

THE HALO BROW HAUS EXPERIENCE

☐ I understand that permanent makeup is a collaborative process between myself and my artist. My artist will use professional knowledge, technique, and artistic judgment to create a customized result that enhances my natural features.

☐ I understand that my preferences, desired style, and expectations will be discussed with my artist before beginning the procedure.

☐ I understand that natural facial asymmetry exists and that healed results may not appear perfectly symmetrical.

RISKS & EXPECTATIONS

I understand that all cosmetic tattoo procedures involve inherent risks, including but not limited to:

• Infection
• Allergic reaction
• Redness, swelling, tenderness, sensitivity, or bruising
• Uneven pigment retention or color changes
• Scarring or changes in skin texture
• Poor pigment retention
• Need for additional procedures
• Dissatisfaction with healed results

☐ I understand that some discomfort may occur during the procedure and that individual sensitivity and response to topical anesthetics may vary. Redness, tenderness, swelling, or sensitivity may occur during and after the procedure as part of the normal healing process.

☐ I understand that healed results may vary due to factors outside of my artist's control, including skin characteristics, lifestyle, medications, sun exposure, skincare products, and my body's natural healing response.

PIGMENT DISCLOSURE

☐ I understand that permanent cosmetic pigments are implanted into the skin and that individual responses to pigments may vary. Pigment retention, color changes, and long-term appearance can differ from person to person based on individual healing, lifestyle, and skin characteristics.

PRE-CARE & AFTERCARE RESPONSIBILITY

☐ I acknowledge that I have received or have access to Halo Brow Haus pre-care and aftercare instructions.

☐ I understand that following aftercare instructions is essential for proper healing and optimal pigment retention.

☐ I understand that failure to properly follow aftercare instructions may affect healing, pigment retention, and final results.

☐ I understand that my final results are influenced by my individual skin characteristics, lifestyle, adherence to aftercare instructions, and other factors outside of my artist's control.

MEDICAL DISCLOSURE

☐ I confirm that my Client Intake & Medical History Form is complete and accurate.

☐ I understand that failing to disclose relevant medical information may increase the risk of complications or affect healing and results.

ADDITIONAL ACKNOWLEDGMENTS

☐ I understand that permanent makeup pigments may appear darker, warmer, or more defined immediately after the procedure and will soften as the skin heals.

☐ I understand that I should inform healthcare providers that I have permanent makeup before undergoing MRI imaging or other medical procedures where this information may be relevant.

CLIENT CONSENT

By signing below, I confirm that I have read and understood this informed consent form, have had the opportunity to ask questions, understand the potential risks and expected outcomes, and voluntarily consent to receive the permanent makeup procedure selected.

Client Signature: _____

Date: _____

HALO BROW HAUS

PHOTOGRAPHY & MEDIA AUTHORIZATION

Permanent Makeup Services

At Halo Brow Haus, photographs are an important part of documenting your permanent makeup journey. Photos allow us to accurately document your procedure, monitor healing progress, and maintain complete client records.

CLIENT PHOTOGRAPHY & DOCUMENTATION

Photographs may be taken before, during, and/or after your procedure for documentation purposes and will remain part of your confidential client record.

These images are used only for client care, procedure documentation, and maintaining accurate treatment records unless you provide separate permission for promotional use.

☐ I consent to photographs being taken for treatment documentation and my confidential client record.

MARKETING & PROMOTIONAL AUTHORIZATION

I understand that allowing Halo Brow Haus to use my photographs or videos for marketing and promotional purposes is completely voluntary and is not required to receive services.

If I select YES, I voluntarily authorize Halo Brow Haus to use photographs and/or videos of my procedure, including before, after, healed, and close-up images, for the following purposes:

- Website
- Social media
- Portfolio
- Advertising
- Educational and promotional materials

I understand that images may be cropped, resized, or adjusted for presentation purposes while maintaining the accuracy of my results.

Please select one:

☐ YES — I voluntarily authorize Halo Brow Haus to use my photographs and/or videos for marketing and promotional purposes.

☐ NO — I do not authorize Halo Brow Haus to use my photographs and/or videos for marketing and promotional purposes.

WITHDRAWAL OF MARKETING PERMISSION

I understand that I may withdraw my marketing authorization for future use by providing written notice to Halo Brow Haus.

I understand that withdrawal of permission does not require removal of materials that have already been published, distributed, or shared prior to my request.

CLIENT ACKNOWLEDGMENT

By signing below, I confirm that I have read and understood this Photography & Media Authorization.

I understand that my decision regarding marketing permission will not affect the quality of services I receive or my relationship with Halo Brow Haus.

Client Signature: _____

Date: _____