

Consent Form

Semi-Permanent Makeup — Patch Test

*Please complete this form and either print and bring to your appointment,
or save and email to: adv.beautyjoanna@gmail.com*

PATIENT NAME

DATE OF BIRTH

DATE

1 Client Details

FULL NAME

DATE OF BIRTH

PHONE NUMBER

ADDRESS

POSTCODE

EMAIL ADDRESS

2 Patch Test Details

TREATMENT TYPE (E.G. MICROBLADING, LIP BLUSH, EYELINER TATTOO)

PATCH TEST DATE

TREATMENT DATE (IF BOOKED)

PATCH TEST AREA (E.G. BEHIND EAR, INNER ARM)

Consent Form

Semi-Permanent Makeup — Patch Test

Please complete this form and either print and bring to your appointment,
or save and email to: adv.beautyjoanna@gmail.com

PIGMENT / PRODUCT USED

3 Medical Screening

Please tick if applicable:

- Allergies (please specify on form)
- Sensitive skin
- History of reactions to cosmetics or pigments
- Skin conditions (eczema, psoriasis, dermatitis)
- Currently unwell or skin irritation near test area
- Any other concerns (please specify on form)

PLEASE PROVIDE ANY DETAILS FOR TICKED ITEMS ABOVE

4 Client Acknowledgment

- I understand the patch test is carried out to check for potential allergic reactions to pigments or products used.
 - I understand that a patch test does not guarantee I will not have a reaction during or after the full treatment.
 - I agree to monitor the test area for at least 24–48 hours and report any adverse reactions (redness, swelling, itching, blistering).
 - I understand that if I experience any reaction, I must inform the practitioner immediately and treatment may not go ahead.
 - I confirm I have provided accurate information regarding my medical history and allergies.
-

5 Consent

- I consent to the patch test procedure being carried out
- I understand the risks involved and agree to proceed

Consent Form

Semi-Permanent Makeup — Patch Test

Please complete this form and either print and bring to your appointment, or save and email to: adv.beautyjoanna@gmail.com

6 Practitioner Declaration

I confirm that the patch test has been carried out in accordance with safe practice and hygiene standards.

7 Signatures

CLIENT NAME

DATE

CLIENT SIGNATURE

PRACTITIONER NAME

DATE

PRACTITIONER SIGNATURE

8 Patch Test Result — To be completed after 24–48 hours

- No reaction — safe to proceed
- Mild reaction — proceed with caution
- Adverse reaction — DO NOT proceed

DETAILS / NOTES

PRACTITIONER SIGNATURE

DATE

Consent Form

Semi-Permanent Makeup — Patch Test

*Please complete this form and either print and bring to your appointment,
or save and email to: adv.beautyjoanna@gmail.com*

This form must be completed in full and signed prior to treatment. All information is kept strictly confidential in accordance with GDPR. Aesthetics by Joanna · aestheticsbyjoanna.co.uk