AESTHETICS BY JOANNA

Consent Form

Semi-Permanent Makeup — Patch Test

Please complete this form and either print and bring to your appointment, or save and email to: hello@aestheticsbyjoanna.co.uk

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)

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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

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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 _____

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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