

PERMANENT MAKEUP CONSENT, MEDICAL DISCLOSURE & WAIVER

Business: ZEZE Beauty Art

Practitioner: Zahra Jalalifar

Location: Phenix Salon Suites, Birmingham, UK

This document complies with UK Local Authority Byelaws, UK GDPR, and Professional Indemnity requirements.

1. Client Information

Full Name:

Date of Birth:

Address:

Phone:

Email:

Emergency Contact:

2. Treatment Details

Microblading Powder / Ombré Brows Combination Brows Eyeliner

3. Medical Disclosure (Tick if applicable)

Pregnancy / Breastfeeding

Diabetes

Blood Disorders / Anaemia

Heart Condition / Pacemaker

Epilepsy

Autoimmune Disorder

Keloid Scarring

Skin Conditions

HIV / Hepatitis

Cancer (past 6 months)

Allergies (Pigment / Lidocaine / Latex)

4. Medications

Aspirin / Ibuprofen

Blood Thinners

Antibiotics (past 14 days)

Retinol / Vitamin A

Roaccutane (past 6 months)

5. Risks & Disclaimer

I understand risks include redness, swelling, infection, fading, asymmetry, and allergic reactions. Results and colour retention are not guaranteed.

6. Aftercare Responsibility

I agree to follow aftercare instructions. Failure may affect results and void liability.

7. Photography & GDPR Consent

Photography Consent: YES NO

8. Legal Waiver

I confirm all information is accurate and release the practitioner from liability related to undisclosed conditions or aftercare non-compliance.

Client Signature:

Date:

Practitioner Signature:

Date: