

**CLIENT INFORMATION SHEET – SMP (Scalp Micro-Pigmentation)**

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_

May we contact you at these numbers if necessary? YES  NO

This is regarding the PROCEDURE – SMP – Scalp Micro-Pigmentation

EMAIL: \_\_\_\_\_

I, \_\_\_\_\_ GIVE PERMISSION TO USE BEFORE AND AFTER PHOTOS FOR PROMOTIONAL PURPOSES

Who referred you? \_\_\_\_\_

Are you currently under the care of a physician? YES  NO

If so, Why? \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Do you take antibiotics when going to the dentist? YES  NO

If yes, why? \_\_\_\_\_

Do you suffer from:  Allergies  Moles or freckles at site of tattoo  Hepatitis  
 Heart Problems  Hemophilia  Diabetes  Skin Problems  Scarring (Keloids)  
 Eye Problems  Epilepsy  Other: Please Explain \_\_\_\_\_

Are you presently taking any medication which thins the blood?  YES  NO

Are you currently taking any other medications?  YES  NO If yes, Please explain: \_\_\_\_\_

Are you pregnant or nursing?  YES  NO

Do you wear contact lenses?  YES  NO

There is a 10% deposit due when procedure is scheduled.

A consultation fee of \$50 is required as a deposit (this will be deducted from procedure price if moving forward).

I understand that if I fail to cancel my appointment within 24 hours my deposit will not be refunded.

(Signature – Client) \_\_\_\_\_ DATE: \_\_\_\_\_

The Equator

2783 South Park Road Lower Level

Bethel Park, PA 15102

www.equatortanandbeauty.com

412-833-8266 Salon / 412-728-7518 Cell – Lori