|  |  |
| --- | --- |
|  |  |

# Client Application

## Client Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Best time to be reached AM/PM: |  | Drivers License #: |  | Date of birth: |  |

|  |  |
| --- | --- |
| Referred By: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you over the age of 18? | YES[ ]  | NO[ ]  | Have you had any permanent makeup or semi permanent procedures before.? | YES[ ]  | NO[ ]  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any allergies? If yes, explain below. | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had any aspirin or blood thinners in the last week? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

 I understand that false or misleading information in my application may result in undesirable results or harmful results .

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |