



Consent Form (Lip Blush)

Studio: _____

Artist: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Treatment Details

• **Technique:**

☐ Lip blush (soft, sheer color)

☐ Lip liner

☐ Full lip color

☐ Other: _____

Pigment Color(s): _____

☐ I approve the lip shape and color chosen before the procedure.

Patch Test

• **Patch test completed?**

☐ Yes. Date: _____. Result: _____

☐ No. I declined or waived the patch test, and I accept the higher risk of an allergic reaction.

☐ I understand that a patch test lowers, but does not remove, the risk of an allergic reaction.

Cold Sore History

• **Have you ever had a cold sore or fever blister on or near your lips?**

☐ Yes

☐ No

• **Do you have a cold sore, blister, or open sore on or near your lips right now?**

☐ Yes

☐ No

We won't work over an active cold sore. Your appointment will be rescheduled.

- ☐ I understand that lip procedures can trigger a cold sore outbreak in people who have had them before. An outbreak can affect healing and the final color.
- ☐ If I have a history of cold sores, I was advised to talk with my doctor before my appointment about whether I need antiviral medicine. The studio does not give medical advice or prescribe medicine.

Healing and Expectations

- ☐ I understand my lips will likely be swollen and tender for the first few days.
- ☐ I understand the color will look brighter or darker right after the procedure. As my lips heal, they may look patchy, pale, or chalky before the color comes back over the next few weeks.
- ☐ I understand the final result isn't visible until healing is complete, usually 4 to 6 weeks.
- ☐ I understand that a touch-up 6 to 8 weeks after the first session is standard and may be needed to get an even color. Touch-ups may be charged separately.
- ☐ I understand my natural lip color affects the result. Darker or uneven lips may need extra sessions.
- ☐ I understand that lip filler can change the shape of my lips. I have told my artist about any recent or planned filler, and I will follow my artist's advice on how long to wait between filler and lip blush.
- ☐ I understand lip blush fades over time, and sun exposure speeds this up. Maintenance appointments are needed to keep the color fresh.
- ☐ I understand that lips aren't perfectly symmetrical, and a perfect match can't be guaranteed.
- ☐ I agree to follow the aftercare instructions. I won't pick or peel my lips while they heal.

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Risk Acknowledgement

- ☐ I understand risks include swelling, cold sore outbreaks, infection, allergic reaction, uneven color, pigment migration, and scarring.
- ☐ I have been told that cosmetic pigments may affect MRI images. I will tell medical staff about my lip blush before an MRI.
- ☐ I understand that no specific result can be guaranteed.
- ☐ *(Optional)* I consent to before and after photos for the artist's portfolio and marketing. I can say no without it affecting my treatment.

Medical Screening

- **Lip filler in the past 4 weeks, or planned soon?**

- ☐ Yes. Date: _____
- ☐ No

- **Accutane (isotretinoin) in the past 12 months?**

- ☐ Yes
- ☐ No

Ask your prescribing doctor before booking.

- **Blood-thinning medications (aspirin, warfarin, etc.)?**

- ☐ Yes
- ☐ No

Don't stop a prescribed medication without talking to your doctor.

- **Pregnant or nursing?**

- ☐ Yes
- ☐ No

Lip blush is generally not recommended during pregnancy or while nursing. Talk to your healthcare provider.

- **Keloid or raised (hypertrophic) scarring history?**

- ☐ Yes
- ☐ No

- **Known allergies (latex, pigments, topical numbing creams)?**

- ☐ Yes, describe: _____

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☐ No

• **Autoimmune conditions, diabetes, or immunosuppressant medications?**

☐ Yes

☐ No

Other relevant medical information: _____

☐ I certify that I have answered these questions truthfully and to the best of my knowledge.

☐ My decision to get lip blush is my own, and I consent to the procedure described above.

Client Signature: _____ **Date:** _____

Artist/Staff Signature: _____ **Date:** _____