



Consent Form (Scalp Micropigmentation)

Studio: _____

Artist: _____

Client: _____

Appointment: _____ at _____

Client Information

Phone: _____

Email: _____

Date of Birth: _____

Treatment Details

• **Treatment Goal:**

- ☐ Shaved-head look with a defined hairline
- ☐ Added density behind longer hair
- ☐ Scar camouflage
- ☐ Other: _____

Pigment Shade: _____

Number of Sessions Planned: _____

- ☐ I approve the hairline design drawn on my scalp. I looked at it from the front and sides, and I'm happy with its shape and height.
- ☐ My artist explained the hairline they recommend and why. I understand a hairline should still look natural as I get older.

Expectations

- ☐ I understand SMP is a cosmetic tattoo that creates the look of hair follicles or added density. It does not grow hair, stop hair loss, or treat any medical condition.

- ☐ I understand SMP takes more than one session to build up density, with time between sessions to heal. Each session is billed according to studio policy.
- ☐ I understand the dots may look darker or bigger right after each session, and my scalp may be red. This settles as it heals.
- ☐ I understand SMP fades over the years and may soften or shift in tone. Touch-ups will be needed to keep it looking fresh.
- ☐ I understand that if my hair loss continues, the natural hair around the treated area may thin. The result may look different over time, and I may need more sessions.
- ☐ I understand that to keep a shaved-head look, I'll need to keep my hair cut short.
- ☐ I understand sun exposure fades pigment faster. Once healed, I'll protect my scalp with a hat or sunscreen.
- ☐ I understand SMP is hard to remove. Removal may need laser treatment or another procedure, and full removal isn't guaranteed.
- ☐ I agree to follow the aftercare instructions, including the rules on washing, sweating, and swimming while my scalp heals.

Risk Acknowledgement

- ☐ I understand risks include infection, allergic reaction, scarring, dots spreading or blurring, uneven color, and being unhappy with the hairline.
- ☐ I have been told that cosmetic pigments may affect MRI images. I will tell medical staff about my SMP 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

What is causing your hair loss, if you know? _____

- **Has a doctor diagnosed you with a scalp condition (psoriasis, eczema, dermatitis, folliculitis, alopecia)?**

- ☐ Yes, describe: _____
- ☐ No

- **Rash, acne, sunburn, or open wounds on your scalp right now?**

- ☐ Yes

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☐ No

We'll wait until your scalp has healed before starting.

• **Hair transplant or scalp surgery?**

☐ Yes. Date: _____

☐ No

Ask your surgeon when it's safe to have SMP.

• **Using hair loss medications or topical treatments?**

☐ Yes, list: _____

☐ No

Don't stop or change any medication without talking to your doctor.

• **Blood-thinning medications or bleeding disorder?**

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes, describe: _____

☐ 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 SMP is my own, and I consent to the procedure described above.

Client Signature: _____ **Date:** _____

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