

Client Medical History Form

Date _____ Birthdate _____

Name _____

Address _____

Phone _____

Emergency Contact _____

Email _____

Do you have or previously had any of the following: (Circle YES or NO)

- YES NO History of MRSA
- YES NO Botox (Last Treatment _____)
- YES NO Diabetes
- YES NO Hepatitis A B C D
- YES NO Forehead / Brow Lift
- YES NO Easy Bleeding
- YES NO Facelift
- YES NO Alcoholism
- YES NO Abnormal Heart Condition
- YES NO Take medication before dental work
- YES NO Chemical Peel (Last Treatment _____)
- YES NO Pregnant Now – Breastfeeding Now
- YES NO Brow Lash Tinting
- YES NO Autoimmune Disorder
- YES NO Oily Skin
- YES NO Cancer (Year _____)
- YES NO Accutane or Acne Treatment
- YES NO Chemotherapy / Radiation
- YES NO Tan by booth or salon
- YES NO Tumors / Growth / Cysts
- YES NO Difficulty numbing with dental work
- YES NO Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, coumadin, etc.
- YES NO Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyle Acohol, Carbopol, Lecithin, Propylene Glycol. Vitamin E Acetate, etc.
- YES NO Allergic to metals, food, etc _____
- YES NO Any diseases or disorders not listed _____
- YES NO Do you use skin care products containing Retin A, Glycolic Acid, or Alpha Hydroxyl?

Please list any medications you are taking _____

I agree that all the above information is true and accurate to the best of my knowledge.

Signed _____ Date _____

Statement of Consent and Recitals: Please read and initial all lines

_____ Aftercare instructions have been explained to me and a written copy has been given to me retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or text my Microblading Specialist.

_____ I understand that a certain amount of discomfort is associated with this procedure, and that swelling, redness and bruising may occur.

_____ I understand that Retin A, Renova, Alpha Hydroxy, and Glycolic Acids must not be used on the treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

_____ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedure, especially if I am scheduled for an MRI.

_____ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications, and a touch up session within 60 days.

_____ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure, and have possibilities of complications during and / or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

_____ I have been advised that a touch up session is highly recommended to make any adjustments to shape, color, and to fill in any pigment that may have had poor retention. Touch ups must be completed within 60 days of the initial procedure.

_____ I have been quoted the cost of today's procedure, and the cost of touch-up. Touch ups must be completed within 60 days of initial procedure to be considered a touch-up price.

I certify that I have read and have had read to me to consents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize my Microblading Specialist / Technician to perform on my body the 3D Eyebrow Microblading procedure desired today.

Signed _____ Date _____

Possible Risks, Hazards, or Complications

Pain: There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.

Infection: Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See “After Care” sheet for instruction on care.

Uneven Pigmentation: This can result from poor healing, infection, bleeding, or many other causes. Your follow up appointment will likely correct any uneven appearance.

Asymmetry: Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.

Excessive Swelling or Bruising: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don’t bruise or swell at all.

Anesthetics: Topical anesthetics are used to numb the area to be tattooed. Lidocaine, prilocaine, Benzocaine, Tetracaine, and or Epinephrine cream and or liquid are used. If you are allergic to any of these, please inform your Microblading Technician now.

MRI: Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required be required if you need to scanned by an MRI machine. You must inform your MRI Technician of any tatoos or permanent cosmetics.

The alternative to these possibilities is to use the traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.

Consent and release for procedures performed:

Signed _____ Date _____

Consent and Release Agreement

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading, semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch ups are likely needed within 6 months to 2 years.

Signed _____ Date _____

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

Yes, feel free to use them **No**, please do not use them

Signed _____ Date _____

Email _____

Phone _____

Special requests, concerns, or remarks for the Artist:
