

**Client Medical History Form**

Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Id/License# \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Email \_\_\_\_\_

Do you presently have or previously had any of the following: (Circle yes or no)

- Yes No** Diabetes
- Yes No** Hepatitis (A,B,C,D)
- Yes No** Easy bleeding
- Yes No** Alcoholism
- Yes No** Take meds before Dental work
- Yes No** Pregnant/Breastfeeding
- Yes/No** Oily skin around eyebrows?
- Yes No** Cancer Year \_\_\_\_\_
- Yes No** Chemotherapy/Radiation
- Yes No** Taking blood thinners such as Aspirin, Ibuprofen, alcohol, Coumadin, etc. \_\_\_\_\_
- Yes No** Allergies 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 \_\_\_\_\_
- Please list medications or vitamins you are presently taking: \_\_\_\_\_

- Yes No** Forehead/Brow lift
- Yes/No** Facelift
- Yes No** Abnormal Heart Condition
- Yes/No** Chemical peel (last treatment \_\_\_\_\_)
- Yes/No** Currently have brows tinted?
- Yes No** Botox
- Yes/No** Acutane or Retinol in the last year
- Yes/No** Currently tanned by booth or sun

**Yes No** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Benztl alcohol, etc.  
List \_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Microblading Costs

It is our desire to customize the right shade and thickness for you using a wide range of high quality permanent makeup pigments and sterilized needle sizes. Before or trained technician begins the procedure, she/he will design and shape your service with a pencil, allowing you to agree with the best color and shape to fit your face. To keep discomfort to a minimum, anesthetic creams are used before and during the procedure. The entire process takes approximately 2 hours. Pigment retention depends on skin type, age, aftercare, sun exposure, use of certain skin products, pigments used, immune system, medications and other factors.

### Prices

Free Consultation

Procedure \$

I have read, understand and agree to the above instructions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### What's Normal?

**Too dark and slightly uneven appearance.** Within 3 weeks the darkness will fade and once swelling dissipates, unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment (2<sup>nd</sup> session).

**Mild swelling, itching, light scabbing, dry tightness.**

**Color change or color loss.** As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment. The procedure area has to be completely healed before we can address any concerns. The healing process takes about 4-8 weeks.

**Needing a touch up months or years later.** We recommend the touch up 6-8 weeks after the first session. Then a touch up may be needed 6 months to 1 year after the 1<sup>st</sup> touch up procedure depending on your skin, medications and sun exposure to keep your brows looking fresh and beautiful.

I have read, understand and agree to the above instructions.

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 others.

**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.

**MRI:** Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by a MRI machine. You must inform your technician of any tattoos or permanent cosmetics.

**Allergic Reaction:** I understand there is a possibility I may have an allergic reaction to items being used on & inside my skin.

The alternative to these possibilities is to use cosmetics and not undergo the Permanent Makeup.

Consent and release for procedures performed:

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Consent & Release for Microblading

Although Permanent Makeup is effective in most cases, absolutely no guarantee can be made regarding the client's benefit from the procedure.

Generally the result are excellent. However, a perfect result is not a realistic expectation.

### Photography Release Consent

Please initial and indicate with your signature if you would like your photo/videos used/not used in advertising. YES \_\_\_ NO \_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Special requests, concerns or remarks for technician: \_\_\_\_\_

Pigment/s used: \_\_\_\_\_

Service Rendered: \_\_\_\_\_

Technician: \_\_\_\_\_

### Statement of Consent & Recitals

Please read and **initial all lines:**

\_\_\_ Aftercare instructions have been explained to me. I will follow to the best of my ability. If I have any questions I will call.

\_\_\_ I understand that Retin A, Renova and Glycolic Acids must not be used on the treated areas. They will fade the treated area prematurely.

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

\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures.

\_\_\_ I accept the responsibility for explaining to you my desire for specific colors, shape & position for any procedure done today.

\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond our control & I will need to maintain the color with future applications.

\_\_\_ I acknowledge that the proposed procedure(s) involve risk inherent in the procedure and have possibilities of complications during and/or following the procedures such as an infection, scarring, misplaced pigment or poor color retention.

\_\_\_ I have been quoted the exact cost for Permanent Makeup. There are absolutely no refunds for this elective procedure.

\_\_\_ I certified that I have read or have had read to me the contents of this form. I understand the risk and alternatives involved in this procedure(s) and I have 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 & I authorize the technician to perform the Permanent Makeup procedure.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Failure to follow aftercare instructions will result in poor color retention and possibly scarring.

#### **Eye Brow Aftercare**

Clean eyebrows with a cotton ball and sterile water 2-3x a day for the 1<sup>st</sup> 3 days

Apply ointment sparingly afterwards

No cleaners, creams, makeup or any other products on treated area until scabbing is complete.

DO NOT rub, pick or scratch the treated area. Let any scabbing or dry skin naturally exfoliate off.

No direct sun exposure or tanning for 4 weeks after procedure.

No heavy sweating for the first 14 days.

No facials, botox chemical treatments and microdermabrasion for 6 weeks after your touch up.

Do not submerge your face in water until scabbing is complete

Refrain from tweezing, waxing, or any other kind of hair removal or exfoliating until scabbing is complete

## APPOINTMENT POLICY

Dear Client,

Your time is very important to us & we appreciate that you equally respect ours. Below is our appointment policy.

1. There is no deposit required to book an appointment.
2. There is a \$75 fee for any no call no shows or any appointments not rescheduled within 24 hours. No exceptions. This will not be applied towards any future appointments.
3. Please do not bring children to appointment(s). This is a Safety/Health issue. No procedure will be performed when a child is present. If you show up with a child and I have to reschedule you and waste that appointment time slot you were scheduled for, you will be charged 50% of the cost of your procedure.
4. Following the before care instructions before each appointment is vital towards the success of the retention of your service. Please review before care instructions before each appointment.

Client Signature \_\_\_\_\_

Date: \_\_\_\_\_