

Client Medical History Form

Date _____ Birthdate _____ Age _____

Name _____ Form of Id # _____

Address _____

Phone _____ Email _____

Emergency Contact Person _____ Phone _____

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, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, 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, 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 _____

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, it is considered a permanent marking.

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.

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

Name _____ Signature _____ Date _____

Email _____ Phone _____

Special requests, concerns or remarks for the Artist:

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 me now.
- **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 an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.
- **Allergic Reaction:** Although an allergy is unusual, there is always a possibility of an unknown allergy to the pigments and materials used during procedure.

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

Consent and release for procedures performed:

Signed _____ Date _____

NAME _____ DATE _____ LOCATION: Brows

PIGMENT BRAND/CATALOG _____ COLOR(S)/FORMULA _____

BATCH NO(s): _____

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 to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

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

___ I understand that although the European technique performed correctly, is considered semi-permanent since it fades and exfoliates out with the skin over time, strokes and markings are considered permanent by nature and by the Health Department

___ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on 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 procedures, 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 procedures(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, hyper-pigmentation, scarring, bleeding, & nerve damage.

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

___ I have been quoted the cost of today's appointment, and the cost of the 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 or have had read to me the contents 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 _____, and _____, as my Eyebrow Microblading technician(s) to perform on my body the 3D Eyebrow Microstroking procedure desired today.

Signed _____ Date _____

Microblading Aftercare Instructions

It is essential that you follow these instructions after your Microblading session:

Day One (Day of treatment): Wait 1-2 hours and let the wounds weep lymph. After 2 hours you must wipe off the lymph with a moistened cotton pad, then apply a thin layer of Aquaphor with a cotton swab. Do this every hour on the hour until bed.

At night wash the treated area with warm water and mild soap like Cetaphil. Wash your hands with a disinfectant soap before washing your eyebrows and/or applying the post-care cream.

NOTE: Too much Aquaphor will cause the pigment to scab. Aquaphor is available in the skin care section of any drug store.

Day Two – Nine: Repeat the wiping of the brows at least 2 times a day. At night wash the treated area with warm water and mild soap like Cetaphil. Wash your hands with a disinfectant soap before washing your eyebrows and/or applying the post-care cream.

The following **must be avoided** during all nine days post-microblading procedure:

- Sweating. It is recommended not to sweat for the first 10 days after the procedure. Sweat is salt and can prematurely fade the treated area.
- Practicing sports
- Swimming
- Hot sauna, hot bath, or Jacuzzi
- Sun tanning or salon tanning. Absolutely No Sun, sweating, or tanning prior to the procedure or after the procedure for 2 weeks. Do not have a tan/sunburn on your face prior to your procedure. The tan will exfoliate taking color with it as it fades.
- Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic Acid on the face or neck
- Picking, peeling, or scratching of the micro pigmented area in order to avoid scarring of the area or removal of the pigment
- Performing tasks related to heavy household cleaning such as garage or basement cleaning where there is a lot of airborne debris
- Spicy foods
- Smoking
- Drinking alcohol in excess, as it may lead to slow healing of wounds
- Driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles
- Touching of the eyebrow area except for when rinsing and applying the post-care cream with a cotton swab

AFTERCARE INSTRUCTIONS CONT'D

Before showering apply a layer of post-care cream to protect your eyebrows from moisture. During the shower keep your face away from the showerhead.

Itching and flaking may appear during the first seven days post-microblading procedure. However, experience has shown that by following these after-care instructions, these symptoms may quickly disappear.

The healing of deeper wounds might last between 14-21 days. Touch-ups and/or correction of the shape-design is recommended only after this period.

If you have any unexpected problems with the healing of the skin, please contact _____ immediately, to discuss further instructions.
_____ can be reached on his/her cell phone: _____

At the first sign of infection, allergic or adverse reaction, consult with a health care practitioner and report to the Texas Department of State Health Services, Drugs, & Medical Devices Group at 1-888-839-6676

What to expect during and after your microblading session

Your new temporary eyebrow will go through several phases during the healing cycle.

The pigment will appear very sharp and dark immediately after the procedure. This is because the pigment is still sitting on top of your skin, and has not yet settled in completely. The color of the pigment will soften gradually. Do not be alarmed if you see some pigment on the cotton swab, as this is excess pigment and/or body fluid that is naturally exiting your skin.

Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin. This might give you the impression that the color pigment is fading too quickly, however, this is just superficial color and dry skin being naturally removed from your eyebrows.

Once completely healed, after 2 weeks, always apply a layer of sunscreen SPF 30 up to SPF 50 on your eyebrows when exposed to the sun. Sun exposure might cause the color pigment to fade away more quickly.

You can now enjoy your beautiful new temporary eyebrows. You will simply love your new gorgeous fresh look!