**CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING**

Name:

DOB: Age: \_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:

Email:

Address:

List any medications you have been taking in the past 6 months:

Have you received chemotherapy or radiation in the past year? YES or NO

**Have you ever had an allergic reaction to any of the following (please circle):**

Latex Lanolin Vaseline Foods Lidocaine Paints

Hair Dyes Medication Metals Crayons Glycerin

**Have you ever had a cold sore?** YES or NO If yes, contact your physician for a preventative prescription capsule to prevent a cold sore.

**Are you currently taking medication that thins the blood?** YES or NO

**Are you currently under the care of a physician?** YES or NO

If yes, please explain:

Physician’s Name

**Do you take antibiotics when going to the dentist?** YES or NO If yes, why?

**Have you ever had one of the following (please circle):**

Hair Loss Trichotillomania Hemophilia Liver Disease Thyroid disturbances

Anemia Epilepsy HIV Alopecia Cancer Sensitivity to cosmetics

Artificial Heart Valve Fainting spells or dizziness Tumors, growths, cysts

Healing problems Prolonged bleeding Low Blood pressure Circulatory Problems

Botox/filler injections Do you scar easily? YES or NO Diabetes High Blood Pressure

Hypertrophic or keloid scars Hepatitis Do you bruise/bleed easily? YES or NO

**What would you like to improve about your eyebrows?** Consider shape, color, density, and thickness...

**Please read the following statements carefully.** Microblading is a way of cosmetic tattooing, intended to be semi- permanent lasting average 12-18 months. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone under the age of 18 without a parents written consent and presence.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur.

**I have received after care information and I’m fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.**

Client’s Name

Client’s signature Date

**INFORMED CONSENT FOR MICROBLADING**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

» If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.

» I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

» I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.

» The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, as well as post procedure after care.  
» I understand that with oily skin types, strokes can heal less crisp, expanded and/or blurry and may result in a powder-brow effect.

» Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.

» I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and that no guarantee on exact color can be given.

» To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.

» I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of after care details.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi- permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure**.**

There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment.

**Patch test must be booked at least 1 week prior to the procedure, or otherwise waived!**

**INITIAL ONE OR THE OTHER, NOT BOTH:**

I opt to waive \_\_\_\_\_\_\_\_ (initial) the patch test OR I consent \_\_\_\_\_\_\_\_ (initial) to the patch test **and** will reschedule my appointment understanding that this appointment must be paid for in full today, and funds will be applied to my future (one week) appointment.

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading procedure. I acknowledge some of these potential adverse changes may not be correctable.

I certify that I have read and initialed the above paragraphs and have had been explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done. I give Lashes & Brows By Ashly permission to perform my microblading procedure.

**Client Signature** **Date**

Microblading Patient Photo Release Agreement for Lashes & Brows By Ashly

I hereby consent to, and authorize the use by Lashes & Brows By Ashly of the specified microblading photographs and/or video; that is, photographs taken before, during and after my microblading procedure.

I understand that my identity will be protected and neither my full face nor my name will be used in conjunction with the photographs and/or video.

Lashes & Brows by Ashly has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed on the photographs that Lashes & Brows By Ashly requests to be used and it is understood that these photos may be used on Lashes & Brows By Ashly’s web site, social media accounts (Facebook, Instagram, Twitter), and in-office for demonstrational and promotional purposes. I understand that I am not entitled to compensation for these photos being used.

Should I desire to revoke permission for their use in the future, I understand that I must notify Lashes & Brows By Ashly in writing and allow 30 days to accomplish this removal.

I now release Lashes & Brows By Ashly, and anyone authorized by Lashes & Brows by Ashly, all personal rights and objections I have or may have to the above described uses of my photographs and/or videos. I have entered into this release freely or voluntarily, and agree to be bound thereby.

**Client Signature:**  **Date:**

**AFTER CARE INSTRUCTIONS**

Please follow these instructions for 4-6 weeks after the procedure to improve and prolong the results of your microblading. If you don’t follow these instructions, it can greatly affect your microblading results or put you at risk for infection!

**Items you need for immediately after the procedure:**

Gold Dial or foaming antibacterial soap (in the pump)

Sterile gauze or cotton pads

**Avoid getting anything on the brows, including water, except for cleansing as directed.** For the first day after your procedure, please gently blot your brows **every hour**, using sterile gauze (or cotton pads) and water, to remove any excess lymph fluids. You can set an alarm on your phone to help remind you. This is very important to minimize scabbing and allow for better pigment retention.

**Cleansing:** In 2-3 hours, wash lightly with slightly damp Q-tips and antibacterial soap. Repeat this very gently during days 1-4. When washing, it should be very gentle and with hardly any water and with a tapping motion, **no rubbing**. Please avoid saturating brows with water. After the initial day of washing, you may very sparingly apply white petroleum (which I will provide), using a clean Q-tip or a clean finger (apply in the direction that your brows would naturally grow), to hydrate your brow area to prevent dryness. This should be done at least 2-3 times a day, more if your brows feel dry. **Do not pick or rub the brows**. The flakes must fall off on their own, or you will risk removing the color and possibly scarring.

* Do not soak the treated area in the bath, pool or hot tub. For 30 days, refrain from swimming in salt water or chlorinated pools, saunas, hot yoga, steam rooms or sun beds.
* **No exercise for 14 days.** After 14 days – when exercising, wear a sweatband to avoid sweat on brow area.
* Do not expose treated area to direct sunlight. After healed (30 days), use a sunscreen to avoid fading from he sun.
* **No makeup** should be applied directly on the brows during the healing process.
* **Do not touch, rub, pick or scratch your brows following treatment or during healing process.**
* You may find that your eyebrows will scab or become slightly dry following the treatment. If they itch, **DO NO SCRATCH** them. You may tap them to alleviate the itch.
* If your eyebrows get wet during the healing process, pat them dry with a towel, **DO NOT RUB.**
* Avoid using daily skincare products directly on the eyebrows.
* If you are planning a chemical peel, or any other medical procedure, please inform therapist of the procedure you have had. Procedure should only be done once the healing process is complete.
* If you are due to give blood after the procedure, please inform your nurse about the microblading treatment you have had as this might alter the results.
* Call or email me with any questions or concerns, 316-530-7715 info@lashesandbrowsbyashly.com