

Yaza Beauty Studio

Client Consent & Medical History Form



Business Name: Yaza Beauty Studio
ABN: 72 477 25 65 17
Address: 218/20a Lexington Dr, Bella Vista, NSW 2153
Phone: +61 410 540 051

Client Details

Full Name:
Date of Birth:
Address:
Phone:
Email:
Emergency Contact (Name & Phone):

Treatment Information

Treatment Type:

- ☐ Microblading ☐ Micro-shading ☐ Combination Brows
- ☐ Other:
- Technician Name:
- Treatment Date:

I understand that this is a semi-permanent cosmetic tattooing procedure involving pigment implantation into the skin.

Acknowledgement of Risks

I understand and accept that:

- Results vary based on skin type, lifestyle, and aftercare.
- Fading, colour changes, or unevenness may occur.
- Touch-up treatments may be required for the desired outcome.
- Risks include infection, allergic reactions, scarring, pigment migration, and dissatisfaction with results.
- Certain medical conditions or medications may affect healing or the final result.

Health & Medical History

To ensure my safety, I confirm that I have answered the following truthfully:

- Hemophilia ☐ Yes ☐ No
- Diabetes mellitus ☐ Yes ☐ No
- Hepatitis A, B, C, D, E, F ☐ Yes ☐ No
- HIV+ ☐ Yes ☐ No
- Skin diseases ☐ Yes ☐ No

Yaza Beauty Studio

Client Consent & Medical History Form



- Eczema ☐ Yes ☐ No
- Allergies ☐ Yes ☐ No
please specify:
- Autoimmune diseases ☐ Yes ☐ No
- Infectious diseases / high fever ☐ Yes ☐ No
- Epilepsy ☐ Yes ☐ No
- Cardiovascular problems ☐ Yes ☐ No
- Prone to herpes ☐ Yes ☐ No
- Taking blood-thinning medication ☐ Yes ☐ No
- Pregnant ☐ Yes ☐ No
- Taking daily medications ☐ Yes ☐ No
please specify:
- Pacemaker ☐ Yes ☐ No
- Problems with wound healing ☐ Yes ☐ No
- Consumed drugs/alcohol in the last 24 hrs. ☐ Yes ☐ No
- Surgery/radiation in the last 14 days ☐ Yes ☐ No

Confidentiality This information is confidential and handled in accordance with the Australian Privacy Principles. False or incomplete disclosure may lead to undesired effects for which Yaza Beauty Studio is not liable.

Pre- & Post-Care Confirmation

I have received written pre- and post-treatment instructions. I understand that not following these instructions may affect the healing process and results.

Photography & Marketing Consent

- ☐ I consent to before/after photos for marketing purposes (social media, website, printed materials).
- ☐ I consent to photos for technician's professional portfolio only.
- ☐ I do NOT consent to my photos being used for marketing.

Liability Waiver

I confirm that I am over 18 years of age and am choosing to undergo this treatment voluntarily. I release Yaza Beauty Studio and its staff from liability for undesired results, allergic reactions, infections, or other complications provided the procedure was performed according to professional hygiene and safety standards.

Yaza Beauty Studio

Client Consent & Medical History Form



Privacy Notice

I understand my personal information is collected for treatment and record-keeping purposes and will not be shared without my consent, except where required by law.

Warranty & Limitation of Liability

Yaza Beauty Studio accepts liability only as required by Australian law and within the terms of its insurance policy in cases of proven negligence. No guarantee is provided regarding pigment retention, longevity, or final appearance due to individual differences in healing and skin type.

Risk Explanation & Acknowledgement

I have been informed about the specific risks of microblading/micro-shading, including:

- Temporary redness, swelling, itching, or scabbing.
- Changes in pigment colour and thickness during healing.
- The need for one or more touch-up sessions.
- Minor asymmetry despite digital measurements.
- The possibility of allergic reactions, even with high-quality pigments.

I understand that inadequate aftercare can lead to infection, pigment loss, or unsatisfactory results, and that Yaza Beauty Studio is not liable in such cases.

Aftercare Instructions

For 14 days after treatment:

- Avoid getting brows wet.
- Do not touch, scratch, or rub the area.
- Apply only the provided aftercare cream and wipes.
- Avoid swimming, saunas, tanning, sun exposure, and intense exercise.
- Avoid public bathing, beauty treatments, or environments with excessive dust.
- Itchiness, dryness, or peeling is normal and part of healing.
- Failure to follow aftercare instructions may affect results and void any liability.

Client Declaration

I have read and understood this form, had the opportunity to ask questions, and give my informed consent to proceed.

Client Signature:

Date:

Technician Signature:

Date: