



**SPMU - Medical Form: Please tick all medical conditions that apply to you:**

Pregnant	Haemophilia	TB/Lung Disease
Hyper pigmentation	Diabetes	Infectious Disease
Scar heavily or keloid when injured	Hepatitis	Cancer
Undergoing Radiation Therapy/Chemotherapy	Lupus	HIV Positive
Venereal Disease	Fever Blisters	Asthma
Iron Deficiency	Anaemia	Respiratory
Eye Disorder	Skin Disorder	Mitral Valve Prolapse
Herpes Simplex II	Cold Sore	Dry Eye Syndrome
Alopecia	Epilepsy	Fainting Attacks
Fibromyalgia	Joint Replacement in last 12 months	

**Please tick if you are taking any of the following medications:**

Accutane	Antabuse
Insulin	Aspirin
Blood Thinners	Anti-Coagulant
Steroids	High Blood Pressure

**Please Tick if you have any of the following allergies:**

Anaesthetic/Food/Medicine	Latex
Plasters	Lanolin
Wax Crayons	Carpet Dyes
Metals	

**Please do not book your appointment 2 weeks prior and 3 weeks post covid19 vaccine.**

**Do you have or are you planning to have any Injectables, Fillers or Chemical Peel? Y/N**

**If yes please provide details below, including when you had/plan to have the treatments:**

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**Do you suffer from or have any problems with scars healing? Y/N**

**Are you, or any of your household showing signs of Covid – 19? Y/N**

**Full Name:** .....

**Address:**.....

**Mobile Number:** .....

**Email:** .....

**Please Tick Yes or No if you would like to receive email offers? Yes/No**

**Emergency Contact Name & Number:** .....

**GP Name & Address:** .....

**I duly authorise, .....to perform a Semi--permanent/micro pigmentation treatment and any other measures, which in their opinion be necessary. Eyebrows (are being treated). \_\_\_\_\_Initial**

**I understand that Micro Pigmentation is a minimally invasive procedure of infusing pigments into the skin to define, reshape and re-colour the eyebrows by way of anaesthetic tattooing. No guarantees as to the end results are given; I also understand that clinical results may vary to for everyone. \_\_\_\_\_Initial**

**I have been given specific information upon the consultation and been given the opportunity to ask questions regarding the treatment. \_\_\_\_\_Initial**

**I have completed the medical form and have disclosed my full medical history, I consent to disclose any changes in my current medical situation if they do arise during the treatment that I am receiving. \_\_\_\_\_Initial**

**I understand that there may be some side effects associated with the treatment I am receiving such as bruising, slight swelling, scabbing, redness, skin discolouration and tenderness of the area that is being treated and that these effects are determined by the individual's response to the treatment. \_\_\_\_\_Initial**

**I am also aware that pigment migration may occur, which is entirely dependent on the skin natural ability to draw the pigment into the correct layer. \_\_\_\_\_Initial**

**I am fully aware that the treatment will require a 'Top Up' treatment/session to acquire the results and have discussed this and am happy with the fee for this. \_\_\_\_\_Initial**

**I certify that I have been fully informed of the nature and purpose of the treatment, expected outcomes and possible complications and risks, I understand that no guarantee can be given to the outcome obtained. \_\_\_\_\_Initial**

**I certify that the decision to have the treatment has been solely based on my desire to do so and that I will follow the aftercare instruction given to assist the final results obtained and if I do not it may cause complications and the best results. \_\_\_\_\_Initial**

**I have asked all the questions and I am happy with the answers, I have been given the appropriate aftercare advice which I know I must adhere to and I realise this is semi--permanent procedure and top up's will be requires to boost the colour to maintain the treatment (sooner than normal if exposed to the sun often). \_\_\_\_\_Initial**

**Signature:** .....

**Date:**.....