Procedure Date:
Suggested Touch-Up:

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING

All questions contained in this questionnaire are strictly confidential and will become part of your personal record.

Name *(Last, First, M.I.)*:	☐ M☐ F	**DOB:** / /	**Age:**
Address:			
Telephone:	**Email Address:**		
Occupation:	**Who May We Thank For the Referral?**		

PERSONAL HEALTH HISTORY

Have you ever had an allergic reaction to any of the following: Please write YES or N/A in each box	☐ Latex	☐ Rubber
	☐ Vaseline	☐ Metals
	☐ Hair Dyes	☐ Foods
	☐Lidocaine	☐
List any medications that you have been taking in the past six months:		
Have you ever had any of the following: Please write YES or N/A in each box	☐Retin-A	☐ Prolonged bleeding
	☐Trichotillomania	☐ Diabetes
	☐ Low Blood Pressure	☐Hemophilia
	☐ Artificial Heart Valves	☐ Fainting spells/dizziness
	☐ High Blood Pressure	☐ Liver Disease
	☐ Circulatory Problems	☐ Epilepsy
	☐ Tumors, Growths, or Cysts	☐ Thyroid Disturbances
	☐ HIV	☐ Hair Loss
	☐ Hepatitis	☐ Cancer
	☐ Fat Injections	☐ Botox Injections
	☐ Collagen Injections	☐ Hypertrophic Scars
	☐ Keloid Scars	☐ Healing Problems

IMPORTANT QUESTIONS

Question	Yes	No
Have you had a chemical or laser peel in the last six weeks?	☐ Yes	☐ No
Have you had any alopecia AHA preparations in the last two weeks?	☐ Yes	☐ No
Do you have any healing problems?	☐ Yes	☐ No
Do you scar easily?	☐ Yes	☐ No
Do you bruise or bleed easily?	☐ Yes	☐ No
Are you currently pregnant or nursing?	☐ Yes	☐ No
Have you ever seriously thought about hurting yourself?	☐ Yes	☐ No

EYEBROW CONCERNS

What are the main concerns relating to your eyebrows? What would you like to improve?

What is the perfect shape, color, density, and thickness of your perfect brow?

YOUR SIGNATURE ACKNOWLEDGES THAT ALL OF THE ABOVE INFORMATION PROVIDED IS ACCURATE AND TRUE.

CLIENT'S FULL NAME: ______________________________

CLIENT SIGNATURE: ______________________________ DATE: ______________

MICROBLADING ARTIST USE ONLY

PIGMENT USED	BLADE USED	TECHNIQUE USED

Print Name: ______________________________ Date: ____________

MICROBLADING PRE-PROCEDURE ADVICE

Please read the following carefully and sign at the end. Please do not leave any spaces blank. *For those that do not apply, please write NO or N/A in the designated spaces.*

Topical anesthetic advice

For a microblading procedure, a numbing cream and/or gel is used. The products are formulated to be safe and can be purchased over the counter from any pharmacy or chemist. The anesthetic is placed over the treatment area for 20-30 minutes and then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anesthetic, you can expect to experience some redness or swelling that may last anywhere between one to four days after your procedure.

Swelling, rashes, blistering, dryness, or any other symptoms are associated with an allergic reaction. *We cannot accept responsibility if the area treated does not respond to the numbing cream.* Each individual is different according to skin type. Some client may experience complete numbness, while others may experience some discomfort. Sensitive clients may experience light sensitivity and/or discomfort.

Ihave read and fully understand the information above regarding any risks involved with the use of topical anesthetics (numbing cream) and I therefore consent to the use of the anesthetic for the microblading procedure.

____
Initial here

I agree to follow the pre-procedure advice closely. I understand that the microblading procedure normally requires multiple treatment sessions. For best results, I understand that I will be required to return for at least one re-touch appointment. This appointment must be scheduled between 4-6 weeks after my initial procedure.

I am aware that the color intensity will be significantly darker and sharper immediately after the procedure. *This will reduce by 30%-50%.* Delicate or sensitive skin may be red and/or swollen after the procedure.

Print Name: ______________________________________ Date: _______________

Please refrain from wearing your normal make-up to the salon on the day of your procedure. Please do not drink alcohol the night before your treatment. Where possible, try to avoid the following herbs and spices prior to your appointment:

- Black pepper
- Cardamom
- Ginger
- Cayenne
- Cinnamon
- Garlic
- Horseradish
- Mustard

**A patch test will be available, upon request.*

Any brow shaping using waxing, threading, or tweezers should be performed at least *48 hours prior to* treatment. Electrolysis treatment should be undergone no less than five days before the treatment. AHA preparations should be undergone no less than 2 weeks before the treatment.

Chemical peels, laser peels, or Retin-A should not be utilized *six weeks before* the procedure. An allergic reaction can occur from any anesthetics that may be used during the procedure.

If you do suffer from an allergic reaction, you should contact your doctor immediately. Signs of an allergic reaction include: redness, swelling, burning, or extreme discomfort.

I have fully read and understand this pre-procedure advice, and give full consent to complete a microblading procedure.

Client print name: ___________________________________

Client Signature: ____________________________________ Date: ___________

CONSENT TO MICROBLADING PROCEDURE

Please understand that your microblading artist stands behind her work 100% and will provide the highest quality possible. Your artist will complete a consultation regarding color theory, length shape, and thickness of brow prior to microblading.

Once you have agreed upon the desired look, the procedure will begin. Please be completely honest and clear of your approval of your color theory, shape, and thickness beforehand. Once the procedure is completed and you have left the procedure, no further adjustments will be made.

Please be advised that you are required to complete a touch up session within *four to six weeks*. A touch-up is a redefining of *brows only*. It may be possible to rectify your treatment if you let your artist know BEFORE leaving your appointment.

If you are dissatisfied with your service and do not feel comfortable returning to your artist, you do have the option to seek help and advice from a different artist.

Please be sure to communicate clearly with your artist and speak up if you are not satisfied with your microblading procedure.

By signing below, you give your microblading artist full permission to perform the microblading service at your request. Once the pigment, size, and shape are embedded in the skin, no further actions may be taken against the artist or business.

Thank you in advance for your business and we look forward to enhancing your brows!

Client Signature: ______________________________________ Date: __________

Straight

Rounded

Arched

Steep Arch