



9606 Tierra Grande Street | Suite 106 | San Diego, CA

CLIENT INTAKE: DEMOGRAPHICS & MEDICAL HISTORY

Please complete the form in its entirety below.

CLIENT DEMOGRAPHICS	
Full Name	
Date of Birth	
Home Address	
Phone	
Email	
Social Media	

MEDICAL HISTORY	
List all current medications including vitamins and supplements:	<input type="checkbox"/> None
List all known medical conditions: (asthma, high blood pressure)	<input type="checkbox"/> None
List all prior medical procedures:	<input type="checkbox"/> None
List any known allergies:	<input type="checkbox"/> None
Have you ever had a cold sore? (Please Circle) Yes* No	
<i>*If yes, please contact your primary care provider for a preventative prescription medication to prevent a cold sore during your healing process.</i>	

I declare and affirm that the information above is, to the best of my knowledge, true and correct.

Signature

Date

Admin Use Only

Consultation	<input type="checkbox"/> NA
Date of First Session	
Date of Second Session	

INFORMED CONSENT: MICROBLADING & PERMANENT MAKEUP TREATMENT

Please read the following statements carefully. By initialing each statement, and signing below, you acknowledge you are fully aware and understand the context outlined in this form.

- _____ I understand that any agent of Kristel Brows LLC, when performing microblading and/or permanent make up treatment, does not act in capacity as a medical professional. The suggestions made by any agent of Kristel Brows LLC are just suggestions. They are not to be construed as or substituted for advice from a medical professional. I understand that microblading or permanent make up will be performed using the appropriate techniques, instruments, and pigments. I also understand that infections can occur due to lack of improper hygiene, not following the aftercare instructions provided, and/or pigment sensitivities. To ensure proper healing of my procedure, I agree to follow the written and verbal aftercare instructions that will be provided until the healing process is complete. I understand that microblading or permanent make up can take weeks to heal. I understand that I am making what could be a permanent change to my body and face, and no claims about the possibility of fully reversing these changes have been made or implied by Kristel Brows LLC or any of its agents.
- _____ I understand and agree to following all after-care instructions. I will not scratch, itch or pick at my treatment areas and will provide regular updates to Kristel Brows LLC regarding my healing process should questions arise.
- _____ I understand instruments that enter the skin or encounter body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are stickily adhered to. Generally, the results are excellent. However, a perfect result is not a realistic expectation. I understand the initial color will appear more vibrant or darker. Usually within 5-7 days the color will fade 40% to 50%, soften and look more natural. I understand the pigment is semi-permanent and will fade over time..
- _____ I understand that microblading and/or permanent make up uses cosmetic pigments that can alter the interpretation of MRI scan results. I understand it is crucial to disclose my microblading treatment and/or permanent makeup to my provider or MRI technician. I agree to disclose my treatment information before undergoing any future MRI scans.
- _____ I understand that microblading and/or permanent make up is a way of cosmetic tattooing, intended to be semi-permanent lasting an average of 12-18 months with the ability to last longer or fade quicker. On rare occasion, the pigment may migrate under the skin.
- _____ I understand that microblading and/or permanent make up will not be performed on individuals who are pregnant or nursing, or to any individual under the age of 18. I am not pregnant or breast feeding. I am above the age of 18.
- _____ I understand that although extremely rare, there might be an immediate or delayed allergic reaction to the pigment, tools, or products used. 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. I understand the involved risks associated with treatment and the possibility of complications during and/or following treatment such as: infection, misplaced pigment, poor color retention and hyperpigmentation.
- _____ I understand that a certain amount of discomfort is associated with this treatment and that swelling, redness and bruising may occur. I understand that prescription face creams or lotions containing glycolic acid or retinol must not be used on treated areas as they will alter the color. I understand that sun exposure, tanning beds, pool chemicals, skin care products and medications can impact treated areas.
- _____ I understand and accept the responsibility of explaining my desire for specific colors, shape and position for all treatments completed.
- _____ I understand that pigment color can slightly change or fade over time due to circumstances beyond my control and I will need to maintain the color with future applications and a touch up session within 60 days.
- _____ I understand and have been quoted the exact cost for microblading and/or permanent make up which includes one (1) touch up no more than 60 days after the initial treatment. After 60 days an additional fee is applicable. I understand there are no refunds for this elective treatment.
- _____ I understand that Kristel Brows LLC does not offer microblading and/or permanent make up removal.
- _____ 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 my treatment and I have had the opportunity to ask questions, and all my questions have been answered. I authorize Kristel Brows LLC to perform microblading and/or permanent make up technique on the scheduled dated as discussed.

I understand, have read, and completed all forms truthfully. I agree that my written answers, including omission thereof, constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive are voluntary. I release Kristel Brows LLC from all liability and assume full responsibility thereof.

I declare and affirm that the information above is, to the best of my knowledge, true and correct.

Signature

Date