

## Consent for Microblading Procedure

<b>Client Details:</b>	
Name:	
Address:	
Post Code:	
Contact Number:	
Date of Birth:	
Email:	
Facebook:	
Instaram:	
<b>Medical Questionnaire:</b> Have you ever suffered from any of the following conditions? Please circle Yes or No	
Haemophilia: Yes / No	Thyoid Problems: Yes / No
Unstable Diabetes: Yes / No	Healing Problems: Yes / No
Eczema: Yes / No	Keloid Scars: Yes / No
Psoriasis: Yes / No	Epilepsy: Yes / No
Heart Disease: Yes / No	Autoimmune Disease: Yes / No
Hepatitis A, B or C: Yes / No	HIV / Aids: Yes / No
Are you pregnant: Yes / No	Are you fit and well: Yes / No
Infectious Diseases: Yes / No	Other Skin Probems: Yes / No
Dizziness or Fainting: Yes / No	Respiratory Problems: Yes / No
Cold Sores: Yes / No	Cardiovascular Problems: Yes / No
Conjunctivitis: Yes / No	Diabetes: Yes / No
High or Low Blood Pressure: Yes / No	
Have you had chemotherapy in the last 12 months: Yes / No	
Are you planning on having any injectable: Yes / No	

Have you ever had a negative reaction to tropical anesthetics: Yes / No	
If you have circled yes to any of the above please provide details here:	
Client must be off Accutane for 1 year	
Please list any medication you have taken over the past 6 months:	
TREATMENT CAN NOT BE UNDERTAKEN IF YOU ARE UNDER THE INFLUENCE OF DRUGS OR ALHOHOL	
If you are suffering from any other medical condition not listed above please inform the technician	
Motivation for treatment:	
<b>Patch Test:</b>	
Date of 1 <sup>st</sup> Test:	Area Tested:
Client has been given procedure information: Yes / No	
Client has been given pre-treatment information: Yes / No	
Before pictures taken: Yes / No	
I confirm that the information I have given is correct and I am fully aware of the microblading procedure, pre-treatment information and aftercare	
<b>PRE PROCEDURE CONSENT</b> (fill in on day of treatment prior to treatment)	
<b>Topical Anesthetics</b> – Allergies, reactions can occur from anesthetic used during the procedure. If you do suffer from an allergic reaction you should contact your doctor immediately. Allergic reaction response may include redness, itching, swelling, rashes, blistering, dyness or any other symptoms associated with allergies.	
<ul style="list-style-type: none"> <li>Numbness: Karen Young (technician) cannot accept responsibility if the treatment area does not numb. Each individual is different according to skin type. Some clients have reported that the area is totally numb, other say they experience a little discomfort.</li> </ul>	
<ul style="list-style-type: none"> <li>I have had 2 patch tests and have not suffered any adverse reactions.</li> </ul>	

<ul style="list-style-type: none"> <li>The procedure, possible complications, aftercare and pre-treatment information has been given to me.</li> </ul>	
Client has been given printed after care instructions: Yes / No	
Client Name:	Date:
Client Signature:	
Technicians Name: Karen Young	Date:
Technicians Signature:	