**Kim’s Beauty Shack Eyebrow Microblading Consultation & Consent Form** *July 2022*

**Personal Details**

Client's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of initial consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G.P Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History** – *Do any of the following apply to you?*

Blood Borne Diseases? (Hepatitis B, HIV) YES / NO

Haemophilia? YES / NO

Epilepsy? YES / NO

Pregnant or Breast Feeding? YES / NO

Autoimmune Disorder? (e.g. Scleroderma) YES / NO

Infectious Skin Condition? (e.g. Herpes Simplex, Impetigo etc) YES / NO

Have you had Chemotherapy or Radiation Treatment in the last **12 months**? YES / NO

Use of Accutane / Roaccutane in the last **12 months**? YES / NO

Have you had Facial Surgery such as a face or brow lift in the last **6 months**? YES / NO

Have you had Eye Surgery in the last **6 months**? YES / NO

Have you had Botox or Fillers in the brow area in the last **14 days**? YES / NO

Current use of Retinol A or Active Skincare Ingredients using Alpha or Beta Hydroxy Acids

 or Chemical Peels in the last **14 days**? YES / NO

Current use of Aspirin or Alcohol in last **24 hours**? YES / NO

Heart Disorders / Conditions / Circulatory Disorders? YES / NO

High / Low Blood Pressure? YES / NO

Diabetes? YES / NO

Asthma? YES / NO

Hay fever? YES / NO

Loss of Tactile Sensation? YES / NO

Skin Conditions (e.g. Rosacea or Acne) in the brow area? YES / NO

Skin Conditions (e.g. eczema or psoriasis) in the brow area? YES / NO

On any Medication such as Blood Thinners? (warfarin, ibuprofen, fish oil supplements) YES / NO

Allergy to Topical Anaesthetics? YES / NO

Any known allergies? YES / NO

Do you have a Mole or Birthmark in the brow area? YES / NO

Is your skin prone to Keloids / Hypertrophic scarring? YES / NO

Is your skin prone to problems with Pigmentation? YES / NO

Is your skin susceptible to sensitivity, heat, irritation and soreness? YES / NO

Does your skin bruise easily? YES / NO

Any other relevant conditions not met in the above? YES / NO

**What is your skin condition and healing capacity?**

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**Previous Microblading Treatments:**

Type of Treatment, amount of sessions, area(s) treated, when undertaken, success / failure / results

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**Proposed Treatment Plan & Cost:**

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**Client Consent for Microblading Treatment:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client) hereby consent & authorise \_\_\_\_\_*Kim Wallis*\_\_\_\_\_\_ (Brow Artist)

 To perform my Eyebrow Microblading Treatment. I have voluntarily elected to undergo this treatment after the nature and the purpose of the treatment has been explained to me, along with the risks and possible complications. I also recognise that there are no guaranteed results and that individual results are dependent upon age, skin condition and lifestyle. I understand that this is a 2 or sometimes a 3-step procedure. I agree to return within a period no later than 8 weeks after the initial treatment for a further follow up treatment.

I have read and understood the pre and post Microblading treatment advice and I understand how important it is to follow all the instructions given to me. I also have, to the best of my knowledge, given an accurate account of my medical history, including all known allergies.

|  |  |
| --- | --- |
| Signed (Client): | Date: |
|  |  |
| Signed (Brow Artist): | Date:  |

I understand the Microblading procedure and now consent to the treatment. I agree to inform my Brow Artist if there are any changes to my medical condition and will not hold my Brow Artist responsible for any of my conditions that were present, but not discussed at the time of this treatment, which may have been affected by the treatment carried out today