**Pre Procedure Advice**

Permanent cosmetic procedures will normally require multiple treatment sessions. For the best results, clients will be required to return for at least one touch-up procedure, usually between 4-6 weeks after the initial procedure. This is a two part process and a top up appointment will be made after your microblading procedure.

Please be prepared for the colour to be significantly darker and “outstanding” immediately after the treatment. This will subside and become lighter as the tissue heals. This process can take up to 10 days.

**Advice for all permanent cosmetic procedures:**

* Aspirin, Alcohol, Coumadin and Ibuprofen must be avoided for at least 48 hours prior to treatment
* Do not drink coffee on the day of your treatment.
* Since delicate sensitive areas or skin may be red or swollen, it is advised not to make any social plans for the same day
* Please do not discontinue any medication before consulting with your doctor
* The treatment will only go ahead with the outcome of a negative patch test
* Please wear your normal make-up to the salon on the day of procedure
* Please note that we do not permit any family or friends in the treatment room with you

**Eyebrow Procedure:**

* Any eyebrow waxing should be carried out at least 48 hours prior to treatment.
* Electrolysis/Epilation should be carried out at least 5 days before treatment

**PATCH TEST/WAIVER: (Please circle A or B)**

**(A)** I understand that a skin test can determine whether I will suffer a reaction to the products used for Sister Brows with 24 hours, but that it is inconclusive whether I will have an allergic reaction at any time in the future. I therefore waiver my option to an allergy test and wish to proceed with treatment.

**(B)** I have undergone or been offered an allergy test prior to my initial treatment and I therefore release the Sister Brows Consultant from any liability related to allergic reactions to the applied pigments or other products used after the procedure, or at a later date.

Sign here ……………………………………………………………………………………………..

**Patch Test for Microblading**

The anaesthetic and pigment will be tested for sensitivity. The skin will be superficially pricked behind your ears and the anaesthetic and pigment will be applied to the skin (behind each ear).

After 24-48hrs your skin should be checked to see if there is any reaction.

If there is no reaction – no itching, redness, swelling or irritation, then it is safe to proceed with the treatment. Should you experience any of the above, then please clean the area of product immediately and ring the studio to advise of the test results.

If there is no reaction, then you can go ahead with the procedure, as discussed.

**Test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Technician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Product used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have undertaken a sensitivity patch test and have not suffered any adverse effects. I confirm that all the above information I have given is correct.**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Technician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITANIUM DIOXIDE DISCLAMER**

Titanium Dioxide is an ingredient present in colours used for micropigmentation. The majority of colours only present minute traces of Titanium Dioxide, but lighter formulations and white pigment contain larger quantities. Titanium Dioxide is required to make light and vibrant colours. It is important that you understand that lasers used in permanent hair removal can permanently alter the colour of the SPM treatment, and this cannot be rectified with further treatment. By having the micropigmentation procedure you must accept that you must inform your laser specialist that you have had this procedure.

**Sign here………………………………………………………………………………………………**

**MICROBLADING CONSULTATION RECORD**

Microblading is a procedure that can only be performed by a trained and qualified specialist using approved equipment to implant coloured pigments into the skin using sterile needles. The treatment requires your full consent and medical history disclosure so that your consultant can confirm you are a suitable candidate for the proposed treatment.

Your consultant will discuss the benefits and risks of the proposed treatment, and record the consultation on this form. This form will then be used for reference on subsequent visits.

It is essential that you clearly mark any areas that you require further clarification or discussion to ensure that you are fully informed before a treatment commences.

Your consultant will discuss the procedure in full, including what it will involve, the healing process and further treatment where necessary. You will then be provided with written aftercare information for you to keep and refer to during the healing process.

**PLEASE READ CAREFULLY – PLEASE SIGN WHERE INDICATED, ONLY when you are happy to proceed. Ensure all points below have been discussed with your consultant and you understand and accept these terms.**

**Terms of your treatment:**

• You have chosen a cosmetic procedure that is not medically necessary.

• Microblading is an art process - not an exact science - and cannot guarantee an exact colour result due to how colours can heal differently in all individuals. The selected colour will be darker immediately after treatment. This darker colour should exfoliate and lighten within 7-14 days after treatment. Lighter colours fade faster than darker colours, and all colours can change with time.

• You may be required to return for additional treatments before your procedure is deemed complete. The payment for any additional work (if applicable) will be agreed prior to procedure commencing. Additional treatments cannot be performed for 4-8 weeks (depending on treatment) after initial procedure. This is in order to allow the initial treatment to heal fully.

• Your consultant will use a treatment plan to record the colours you have chosen, anesthetic used, needles used and pre and post treatment photographs. This information will be held securely in your consultation record.

• The skin type of every client is different and colour should remain visible in the skin for several years (in some cases indefinitely). The pigment will be present permanently but not necessarily be visible. A re-touch procedure will be required periodically to keep the procedure looking fresh.

• After each treatment some swelling or redness may occur. In some cases there may be bruising. Your consultant will recommend solutions to reduce these symptoms. Throughout the treatment you may experience some discomfort, but your consultant will reassure you throughout and endeavor to make you feel comfortable.

• Pigments used in Semi Permanent Make Up contain iron oxides, and differ to the inks used in tattooing.

• You must adhere to aftercare instructions given to you after your treatment. This is very important and will ensure you aren’t vulnerable to infections after leaving the clinic. You must let the treated area heal properly. Avoid picking, plucking or knocking as this will hinder the healing process and could make the treatment appear uneven thus requiring further work.

• Be aware that skin altering procedures such as plastic surgery, implants and injectables may alter the Microblading look.

**Signature: ………………………………………………..**

**TO BE COMPLETED BY THE CLIENT:**

**FULL NAME:**

**ADDRESS:**

**POSTCODE:**

**TELEPHONE: MOBILE NUMBER:**

**EMAIL:**

**PREFERRED METHOD OF CONTACT:**

**DATE OF BIRTH (DD/MM/YY):**

**AGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years**

**OCCUPATION:**

**TODAY’S TREATMENT:**

**PRICE AGREED:**

**Signature: ………………………………………………..**

**You consultant will follow guidelines as outlined in section 15 of the Loc al Government Act 1982. In addition to this, it is recommended that SPM Academy trained consultants use aseptic conditions throughout the treatment.**

**PHOTOGRAPHIC CONSENT I consent to photographs being taken BEFORE, DURING, and AFTER my procedure. I agree to these being stored with my case file and used only with my written consent for promotional purposes.**

**Signature:………………………………………………………………………………………………**

**CONSENT**

I understand that my consultant will be in direct contact with me in relation to the microblading treatment. This treatment involves the use of disposable needles and that all other equipment is sterilized before use, all surfaces involved in the process are protected and that gloves will be worn at all times by the consultant during the treatment.

I hereby consent to receiving a microblading treatment. My consultant has explained the terms and conditions of the treatment and I have fully understood these. I hereby give written consent to the consultant who is a trained specialist, to carry out the treatment of my choice as requested by me on this consent and treatment agreement.

**Print Name: ………………………………………………………………………………………….**

**Signature:…………………………………………………………………………………………….Date: …………………………………….**

**Consultants Signature: ………………………………………………..**

Although it is impossible to list every potential risk and complications, I also recognise there are no guaranteed results and that independent results are dependent upon age, skin condition, and lifestyle. \_\_\_\_(initials)

 I understand that this is a 2 and sometimes 3 step process and I will be required to return no later than 60 days after initial procedure for further treatments to obtain the expected results. \_\_\_\_(initials) if the 60 days has expired i understand that my consultant will charge an additional charge of £50 for a Top Up procedure.

 I have read and understand the post treatment home care instructions. I understand how Important it is to follow all instructions given to me for post treatment care. \_\_\_(initials)

 I have also, to the best of my knowledge, given an accurate account of my medical history, Including all known allergies or prescription drugs or products I am currently ingesting or using topically. \_\_\_\_(initials)

 I acknowledge that the proposed procedure involves risks inherent in the procedure, and have possibilities of complications during and/or following the procedure such as: infection, poor colour retention and hyper-pigmentation. \_\_\_\_(initials)

 I have read and fully understand this agreement and all information detailed above. I understand the procedure and accept the risks. All of my questions have been answered to my satisfaction and I consent to the terms of this agreement. I do not hold the practitioner, whose signature appears below, responsible for any if my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today,

 Client Name (printed): ..............................................................Date:

 Client Signature: .......................................................................Date:

Practitioner’s signature: ..............................................................Date:

**MEDICAL FORM to be completed by the client**

**Full Name:**

**Date of Birth (dd/mm/yy):**

**Male or Female (please circle)**

**Have you received any micropigmentation treatment before? YES / NO**

**If Yes please answer the following:**

**How long ago was your treatment?**

**What procedure did you have?**

**At what clinic did you receive the treatment?**

**Where you happy with the result?**

**To comply with the Tattooing Act, please answer Yes or NO to the following questions:**

**Are you over the age of 18?**

**Are you pregnant?**

**Are you under the influence of alcohol or drugs?**

**Signature: ………………………………………………..**

**MEDICAL CONDITIONS**

**Please answer YES or NO to the following questions. These details will then be discussed (in confidence) with your consultant.**

**Do you feel fit and well, and able to have a micropigmentation procedure today? Yes No**

**Do you have any allergies or have you experienced any allergic reactions to medicine or products such as latex gloves, plaster etc? Yes No**

**Please List**

**Are you currently taking any medication? Yes No**

**Please List**

**Do you have or are you planning to have any injectables, fillers or chemical peels? Yes No**

**Do you have any imminent holiday plans? Yes No**

**Do you suffer from epilepsy? Yes No**

**Do you knowingly suffer from any infectious diseases? Yes No**

**Do you suffer from a high or low blood pressure? Yes No**

**Do you suffer from diabetes? Yes No**

**Do you have any respiratory problems? Yes No**

**Do you suffer from, or have any problems with scars healing? Yes No**

**Do you suffer from dizziness or fainting attacks? Yes No**

**Do you suffer from HIV/AIDS? Yes No**

**Do you suffer from heart problems? Yes No**

**Do you suffer from Hepatitis? Yes No**

**Do you suffer from Haemophilia Yes No**

**Do you suffer from skin problems (i.e. eczema, psoriasis)? Yes No**

**Do you have an allergy to penicillin? Yes No**

**Do you suffer from Keloid scarring? Yes No**

**If you suffer from any of the above it is important that you notify your consultant who can take the necessary precaution to ensure you receive the best treatment to avoid any risks to your health.**

**I understand the importance of my accurate and complete medical history. I understand that withholding any medical information may be detrimental to my health and safety during and after the procedure. I understand that if there is any change in my medial history that it is my responsibility to inform my consultant.**

**Notes to discuss**

**Signature: ………………………………………………..**

**MICROBLADING TREATMENT PLAN**

This part of the consultation record is to be completed by the Practitioner in order to record important elements of the treatment. This form must be kept with the clients Medical and Consent forms.

**PLEASE USE THIS FORM TO RECORD THE TREATMENT OF ONE AREA ONLY.** All other treatments must be recorded on separate treatment plan forms.

**Consultant: ………………………………………………………………………………………**

**Client full name: ……………………………………………………………………………….**

**Date: ………………………………………………………………………………………………..**

**Treatment being completed:**

**For first visit only: Following consultation with your client, what is the agreed treatment and how many visits will it take to achieve?**

**What is the predicted outcome and recommendations?**

**Describe the treatment area including a description of the appearance of the skin**

**What aftercare advice has been offered to the client and how was this advice given?**

**I, the consultant, confirm that I have checked all paperwork including consent forms and medical history, have discussed all procedure points with my client and they understand all elements. My client has participated fully in the choice of shape, placement and colour of their treatment.**

**Consultant signature ………………………………………………………………………..**

**Date ………………………………………………………………………………………………….**

**Please ask you client to read, understand and sign the following prior to treatment:**

**I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for the shape, placement, and colour selection of my micropigmentation treatment.**

**Client signature ………………………………………………………………………………..**

**Date …………………………………………………………………………………………………**

**To be completed by the client at the end of the procedure:**

**My procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns with my consultant. I understand my aftercare instructions.**

**Client signature …………………………………………………………………………………**

**For 2nd Visit: CLIENT MUST SIGN TO CONFIRM THERE ARE NO CHANGES TO THE MEDICAL CONDITIONS**

**Signature: ………………………………………………..**

**IF THERE ARE ANY CHANGES PLEASE NOTE HERE:**

**Were your clients expectations met?**

**Did the area heal as described?**

**Did they experience any issues?**

**What is the agreed objective for today’s procedure?**

**Signature: ………………………………………………..**

**What is the predicted outcome and recommendations?**

**Describe the treatment area including a description of the appearance of the skin**

**What aftercare advice has been offered to the client and how was this advice given?**

**I, the consultant, confirm that I have checked all paperwork including consent forms and medical history, have discussed all procedure points with my client and they understand all elements. My client has participated fully in the choice of shape, placement and colour of their treatment.**

**Consultant signature ………………………………………………………………………..**

**Date ………………………………………………………………………………………………….**

**Please ask you client to read, understand and sign the following prior to treatment:**

**I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for the shape, placement, and colour selection of my micropigmentation treatment.**

**Client signature ………………………………………………………………………………..**

**Date …………………………………………………………………………………………………**

**To be completed by the client at the end of the procedure:**

**My procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns with my consultant. I understand my aftercare instructions.**

**Client signature …………………………………………………………………………………**

**For 3RD Visit: CLIENT MUST SIGN TO CONFIRM THERE ARE NO CHANGES TO THE MEDICAL CONDITIONS**

**Signature: ………………………………………………..**

**IF THERE ARE ANY CHANGES PLEASE NOTE HERE:**

**Were your clients expectations met?**

**Did the area heal as described?**

**Did they experience any issues?**

**What is the agreed objective for today’s procedure?**

**Signature: ………………………………………………..**

**What is the predicted outcome and recommendations?**

**Describe the treatment area including a description of the appearance of the skin**

**What aftercare advice has been offered to the client and how was this advice given?**

**I, the consultant, confirm that I have checked all paperwork including consent forms and medical history, have discussed all procedure points with my client and they understand all elements. My client has participated fully in the choice of shape, placement and colour of their treatment.**

**Consultant signature ………………………………………………………………………..**

**Date ………………………………………………………………………………………………….**

**Please ask you client to read, understand and sign the following prior to treatment:**

**I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for the shape, placement, and colour selection of my micropigmentation treatment.**

**Client signature ………………………………………………………………………………..**

**Date …………………………………………………………………………………………………**

**Signature: ………………………………………………..**

**To be completed by the client at the end of the procedure:**

**My procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns with my consultant. I understand my aftercare instructions.**

**Client signature …………………………………………………………………………………**

**For 4TH Visit: CLIENT MUST SIGN TO CONFIRM THERE ARE NO CHANGES TO THE MEDICAL CONDITIONS**

**Signature: ………………………………………………..**

**IF THERE ARE ANY CHANGES PLEASE NOTE HERE:**

**Were your clients expectations met?**

**Did the area heal as described?**

**Did they experience any issues?**

**What is the agreed objective for today’s procedure?**

**Signature: ………………………………………………..**

**What is the predicted outcome and recommendations?**

**Describe the treatment area including a description of the appearance of the skin**

**What aftercare advice has been offered to the client and how was this advice given?**

**I, the consultant, confirm that I have checked all paperwork including consent forms and medical history, have discussed all procedure points with my client and they understand all elements. My client has participated fully in the choice of shape, placement and colour of their treatment.**

**Consultant signature ………………………………………………………………………..**

**Date ………………………………………………………………………………………………….**

**Please ask you client to read, understand and sign the following prior to treatment:**

**I, the client, agree with all points listed and discussed, and wish to proceed as recorded. I participated fully in the decision for the shape, placement, and colour selection of my micropigmentation treatment.**

**Client signature ………………………………………………………………………………..**

**Date …………………………………………………………………………………………………**

**To be completed by the client at the end of the procedure:**

**My procedure has been completed to my satisfaction and I have been given the opportunity to discuss any immediate concerns with my consultant. I understand my aftercare instructions.**

**Client signature …………………………………………………………………………………**

**TREATMENT PARTICULARS**

**Client name ……………………………………………..............Consultant ………………………....................**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Colours Used** | **Lot/Expiry** | **Tolerance Level** | **Photographic evidence** | **Any other people present?** |
| 1st treatment |  |  |  |  |
| 2nd treatment |  |  |  |  |
| 3rd treatment |  |  |  |  |
| 4th treatment |  |  |  |  |
| **Blades used** | **Lot/Expiry** | **Tolerance Level** | **Photographic evidence** | **Any other people present?** |
| 1st treatment |  |  |  |  |
| 2nd treatment |  |  |  |  |
| 3rd treatment |  |  |  |  |
| 4th treatment |  |  |  |  |
| **Aesthetic used** | **Lot/Expiry** | **Tolerance Level** | **Photographic evidence** | **Any other people present?** |
| 1st treatment |  |  |  |  |
| 2nd treatment |  |  |  |  |
| 3rd treatment |  |  |  |  |
| 4th treatment |  |  |  |  |

|  |
| --- |
| **1st treatment:** comments made by client and/or to the client after the procedure and information relating to further treatments required. |

|  |
| --- |
| **2nd treatment:** comments made by client and/or to the client after the procedure and information relating to further treatments required. |

|  |
| --- |
| **3rd treatment:** comments made by client and/or to the client after the procedure and information relating to further treatments required. |

|  |
| --- |
| **4th treatment:** comments made by client and/or to the client after the procedure and information relating to further treatments required. |

**Permanent Cosmetics Aftercare**

**60% is what we do and 40% is how you look after your brows!!!!**

**For 2 to 5 days after treatment, the procedure area can experience the following symptoms:**

* **Swelling ,Tenderness, Redness, Flaking, Dryness, Itching**

**For at least 7 days following your treatment, or until the area appears to have healed, please include the following daily routine:**

**Day 1 using the shampoo provided in your after care pack gently shampoo your brows every hour to remove lymph and prevent your brows from forming scabs. Wash your hands and using cooled boiled water or bottled water gently shampoo your brows using your ring finger, rinse and pack dry with a soft tissue. Repeat this every hour until bed time. After shampooing apply a very thin film of the skin candy provided in your after care pack using a cotton bud.**

**Day 2 continue to apply the aftercare candy provided in your after care pack every couple of hours. Wash your hands before and after application and use a clean bud each application, to avoid infection. The ointment will protect the treatment area from free radicals and infections entering the area.**

**Day 3 and onwards apply the aftercare candy, which was given to you after your treatment, to the area at least 3 times a day. Wash your hands before and after application and use a clean bud each application, to avoid infection.**

**Your brows must be kept dry after the initial day 1 procedure. If the treatment area does get wet, pat dry gently with a tissue or soft clean towel**

**THINGS NOT TO DO**

**DO NOT use make-up for 7 days on or around the treatment areas**

**DO NOT expose the treated area to extreme heat or cold until the area is completely healed. This includes saunas, sunbathing, tanning beds etc.**

**DO NOT scratch, pick, itch or rub the area of the treatment, as this will cause uneven healing and will cause infection and scarring and the pigment can be removed leaving uneven colour.**

**PLEASE REMEMBER that the colour is up to 50% darker immediately after treatment. It will fade after 4-7 days and the true colour will not come through until up to 4 weeks after the initial treatment. During the healing process, the colour for some procedures appears to have disappeared; this is due to the healing process. Under no circumstances should you undergo any further permanent cosmetic work undertaken during this 4 week period. The colour will re-appear as the healing process progresses.**

**GENERAL POST PROCEDURE INFORMATION**

**To avoid pigment fade for as long as possible, please avoid excessive exposure to UV rays and the sun and please use a total sun block or moisturiser with a high SPF.**

**In order to keep your Semi Permanent cosmetic procedure in perfect condition, it may be necessary to have a maintenance procedure from time to time, depending on the area.**

**If you are planning to undergo an MRI scan, chemical peel or another similar procedure, please inform your doctor that you have had Semi Permanent cosmetics. Microblading procedures should last 12-36 months\* (\*depending on skin type). A colour boost treatment (top up) can be performed after this time to refresh the look and colour of the brows.**