

SBS LASHES AND BROWS MEDICAL HISTORY FORM

Client Information:

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Please answer the following questions to the best of your knowledge. All information provided will be kept confidential.

Medical History

Are you currently pregnant or breastfeeding? Yes / No

Are you currently taking any medication? Yes / No

If yes, please specify:

Do you have any allergies (medications, latex, etc.)? Yes / No

If yes, please specify:

Do you have any allergies to skin numbing agents? (Lidocaine, Benzocaine, Tetracaine, etc.) Yes / No

Do you have any existing medical conditions? Yes / No

If yes, please specify:

Have you undergone any surgeries or medical treatments in the past year? Yes / No

If yes, please specify: _____

Do you have a history of keloid scarring or abnormal wound healing? Yes / No

Do you have a history of MRSA (methicillin-resistant Staphylococcus aureus) infection? Yes / No

Have you had any recent Botox or dermal filler injections near the eyebrow area/forehead? Yes / No

Have you recently been exposed to excessive sun or tanning bed? Yes / No

If yes, when? _____

Do you have high blood pressure? Yes / No

If yes, please specify any medication: _____

Are you diabetic? Yes / No

If yes, please specify any medication: _____

Skincare and Beauty:

What is your skin type? (Oily, dry, combination) _____

Do you have any active skin conditions (e.g., acne, eczema) in the eyebrow area? Yes / No

If yes, please specify: _____

Are you currently using any prescription skincare products? Yes / No

If yes, please specify: _____

What skincare products are you currently using in your daily routine?

Anything else you would like us to know?

Consent and Acknowledgment:

I understand that microblading is a semi-permanent cosmetic procedure involving the application of pigments and the use of tiny incisions in the skin.

_____ Initial

I acknowledge that SBS LASHES AND BROWS has provided information about the microblading procedure, its benefits, and potential risks and complications.

_____ Initial

I understand that SBS LASHES AND BROWS does not provide medical advice or diagnosis, and I will consult with a qualified healthcare professional if I have any concerns about my health or conditions that may affect the microblading procedure.

_____ Initial

I certify that the information provided on this form is accurate and complete to the best of my knowledge.

_____ Initial

By signing below, I acknowledge that I have read and understood the contents of this Medical History Form and provide my consent to undergo the microblading procedure.

Client's Full Name: _____

Date: _____

Signature: _____



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