



Artist Name: _____ Date: _____

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING

Name: _____

Date of Birth: _____

Phone Number: _____

Address: _____

Email: _____

How did you hear about us? (Please circle)

Website Web search Instagram Facebook Friend's name ()

What are the main concerns relating to your eyebrows?

What would you like to improve about your eyebrow?

Do you take antibiotics when going to the dentist? If yes, why?

Are you currently taking medication that thins the blood? Yes No

List any medications you have been taking in the past 6 months:

Are you currently under the care of a physician? Yes No

If yes, please explain: _____

Physician's Name: _____

Physician's telephone: _____

Have you received chemotherapy or radiation in the past year? Yes No

Do you experience excessive sweating? Yes No

Have you ever had an allergic reaction to any of the following? (please circle)

Latex Lanolin Vaseline Medication Metals Disinfectants Soaps
Lidocaine Paint Crayons Hair dyes Glycerin Pigments/Dyes

Have you had a cold sore within the past 6 months? If so, please provide date: _____

If yes, you must contact your physician for a prescription capsule to prevent a cold sore.

Retin A in past 2 weeks

Anemia

Sensitivity to cosmetics

Prolonged bleeding

Diabetes

Trichotillomania

Epilepsy

Artificial Heart Valve

Low blood pressure

High Blood pressure

Hemophilia

HIV/AIDS

Fainting spells or dizziness

Circulatory problems

Thyroid disturbances

Skin disease

Seizures

Eye Disease

Hypertrophic scars

Liver disease

Jaundice

Alopecia

Tumors, growths, or cysts

Cancer/ Skin Cancer

Keloid scars

AHA's in the past 2 weeks

Hair loss

Hepatitis

Scar easily

Pregnant or Lactating

Menopause

Chemical peel

Laser peel

Skin Lesions

Narcolepsy

Anaphylactic reaction to pigment, dyes, or other sensitives. If yes, please circle & provide
Date _____

Botox/ Filler injections. If yes, please state the last treatment date: _____

Any other information that would aid the body art technician or any other individual
involved in providing education on the client's suitability for receiving a body art procedure
and the client's body healing process _____

Please read the following statements carefully and thoroughly.

I understand that Microblading is a semi-permanent (Permanent) two-step cosmetic procedure.

I am fully aware that a touch up procedure is required 4-6 weeks later in order to achieve my
desired look. I am fully aware that a healing period of 4-6 weeks is required before a touch up
procedure can be performed.

I am fully aware that under unique circumstances I may need an additional touch up depending on my skin type, DNA, and how well I retain color.

I understand that permanent cosmetics cannot be applied if I am currently pregnant or lactating.

I am aware that anyone under the age of 18 is not allowed to have this procedure done, unless accompanied by a parent or guardian. Photo ID must be presented for both before procedure.

I understand that microblading may be slightly uncomfortable and I may experience minor bleeding.

I understand that I may experience some swelling, redness, and tenderness after my procedure.

I am aware that possible scarring may occur, but is extremely rare.

Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the procedure. Allergic reactions to anesthetic can occur.

Risks, Effects, and Permanence: A tattoo is a permanent mark or design made on skin with pigments that are inserted skin by needles piercing the top layer of the skin repeatedly. A piercing is the insertion of jewelry into a permanent opening made in a part of the body with a needle. Branding involves applying extreme heat to the in order to create a permanent, burned image or pattern. Body art procedures may cause slight bleeding and pain. Because body art procedures breach the skin, infections and other complications are possible. In some people, tattoo pigments and piercing jewelry can cause allergic skin reactions. Infections can occur from use of unsterile equipment or not following proper aftercare. A procedure done with contaminated equipment may cause the contraction of various blood borne diseases such as hepatitis B, and HIV. Other skin problems such as granulomas (nodules that may form around material the body perceives to be foreign) or keloids (raised areas caused by an overgrowth of scar tissue) can occur for certain people. Other risks of piercings include oral complications such as chipping or cracking teeth and interference with chewing and swallowing with tongue piercings and tearing or trauma if body jewelry becomes caught and torn out. Tattoos can cause complications with MRI (magnetic resonance imaging) procedures such as an interference with the image and swelling or burning after the MRI. Tattoos may be able to be removed with laser technology, but removing a tattoo usually involves several painful and expensive treatments and complete removal without scarring may not be possible.

I fully understand that the information provided about and confirm that all information provided by me is correct and truthful.

By signing this consent form:

☐ I have read and understand the written information regarding the risks, effects and permanence of body art procedures.

☐ I have received a copy of the Disclosure Statement and Notice for Filing Complaints.

☐ I have been provided with verbal and written aftercare information.

☐ I am not under the influence drugs or alcohol.

☐ I have been provided with a copy of this record

Client's Name (Print): _____

Client's Signature: _____

Date: _____

Practitioner's Name: _____

Practitioner's Signature: _____

Date: _____

Any client reporting one or more of the above conditions shall advise clients to consult his/her physician before undergoing a body art procedure.

For practitioners use ONLY

Note: Pigments, blades, techniques used for this client



Microblading Client or Model Photo Release Agreement

Client/Model Name: _____

I hereby consent and authorize the use of my image and/or videos for personal records purposes, as well as advertisement purposes. I am aware that before, during, and after photos and/or videos will be taken throughout the procedure.

I understand that my identity will be protected and neither my full face or full name will be released to the public unless I have signed off permission.

The microblading practitioner has explained that all the photos and/or videos will be clinically appropriate and tastefully presented.

I have agreed that any photos and/or videos that has been taken by the Microblading Practitioner may be used by the artist or company owner for website, social media accounts. The facebook, Instagram, Twitter, and Snapchat for promotional purposes. I understand that my photos and/or videos may be used in office demonstration and promotional purposes.

I understand that I am not entitled to compensation for these photos being used.

I have entered into this release freely and voluntarily, and agree to be bound thereby.

Client/ Model Signature: _____

Date: _____

Practitioners/Witness Signature: _____

Date: _____