



### Microblading Client Medical History Form

Date\_\_\_\_\_ Birthdate\_\_\_\_\_ Age\_\_\_\_\_

Name\_\_\_\_\_ Form of Id # \_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_ Email\_\_\_\_\_

Emergency Contact Name & Phone\_\_\_\_\_

Do you have or previously had any of the following: (Circle YES or No)

**YES NO** History of MRSA

**YES NO** Botox (Last treatment\_\_\_\_\_)

**YES NO** Diabetes

**YES NO** Hepatitis A B C D

**YES NO** Forehead/Brow Lift

**YES NO** Easy Bleeding

**YES NO** Facelift

**YES NO** Alcoholism

**YES NO** Abnormal Heart Condition

**YES NO** Take medication before dental work

**YES NO** Chemical Peel (Last Treatment\_\_\_\_\_)

**YES NO** Pregnant now – Breastfeeding now

**YES NO** Brow Lash Tinting

**YES NO** Autoimmune disorder

**YES NO** Oily Skin

**YES NO** Cancer (Year\_\_\_\_\_)

**YES NO** Accutane or acne treatment

**YES NO** Chemotherapy/ Radiation

**YES NO** Tan by booth or salon

**YES NO** Tumors/ Growth/ Cysts

**YES NO** Difficulty numbing with dental work

**YES NO** Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc

**YES NO** Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc\_\_\_\_\_

**YES NO** Allergies to metals, food, etc\_\_\_\_\_

**YES NO** Any diseases or disorders not listed\_\_\_\_\_

**YES NO** Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?

Please list any medications you are taking\_\_\_\_\_

I agree that all the above information is true and accurate to the best of my knowledge

Signed\_\_\_\_\_Date\_\_\_\_\_



## Consent and Release Agreement

This form is designed to give **information needed to make an informed choice** of whether or not to undergo a 3D Eyebrow Microblading semi-permanent makeup application. If you have any questions, please don't hesitate to ask. Microblading is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, and though it is semi-permanent, it is considered a permanent marking. All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use, and **cross contamination guidelines are strictly adhered to**. Generally, the results are excellent. However, a **perfect result is not a realistic expectation**. It is advised to expect a Touch-Up after healing is completed, and although 3D Eyebrow Microblading is effective in most cases, **no guarantee** can be made that a specific client will benefit from the procedure.

### Please read and initial all lines

\_\_\_\_ I have been advised that a Touch-Up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-ups must be completed within 60 days of initial procedure.

\_\_\_\_ I have been quoted the cost of today's appointment and the cost of the Touch-Up session. Touch-Up session must be completed within 60 days of initial procedure to be booked at the Touch-Up session rate.

\_\_\_\_ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my availability. If I have remaining questions, I will contact the Artist.

\_\_\_\_ I understand that a certain amount of discomfort is associated with the procedure, and that there can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.

\_\_\_\_ I understand that topical anesthetics will be used to numb the area to be treated, and I will inform my artist if I am allergic to any of these, inform your artist. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream or liquid are used.

\_\_\_\_ I understand that swelling, redness and bruising may occur. Some people bruise or swell more than others, and some don't bruise at all. Ice packs may help reduce the swelling, and swelling and bruising typically disappears within 1-5 days.

\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used to treated areas. They will alter the color and cause premature exfoliation of the pigment.

\_\_\_\_ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

\_\_\_\_ I understand that successful color saturation can NOT be guaranteed, due to hidden scar tissue, poor healing, infection, excess bleeding, or numerous other causes. Your Touch Up session will likely correct any uneven appearance.

\_\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI. Because the pigments used in the 3D Eyebrow Microblading application contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine.

\_\_\_\_ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

\_\_\_\_ I understand that while infection is very rare, it can be serious. Always keep the treated areas clean, and only freshly cleaned hands should touch the areas. See 'After Care' for instruction on care.

\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond my artist's control, and I will need to maintain the color with future applications and a Touch-Up session within 60 days. Initially the color will appear more vibrant or darker compared to the end result, and that usually within 5-7 days the color will fade 40-50%, soften and look more natural.

\_\_\_\_ I understand that the pigment is semi-permanent and will fade over time, and that additional Touch-Ups are likely needed within 6 months to 2 years.

\_\_\_\_ I acknowledge that the proposed procedure(s) involve risks inherent in the procedure, and have possibilities of complications during and/or following the procedures such as infections, misplaced pigment, poor color retention and hyperpigmentation.

**Photography Release Consent**

We would like your permission to use pre and post service photos of you for advertising, portfolios, online and print ads, training, and other uses. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

**Yes, feel free to use them    No, please do not use them**

**The alternative to the risks, hazards or complications above is to use traditional cosmetics and to NOT undergo the 3D Eyebrow Microblading application.**

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in the procedure(s). I have had the opportunity to ask questions and have all of them answered. I acknowledge that I have reviewed and approved the material given to me, and authorize Blink Beauty to perform on my body the 3D Eyebrow Microblading procedure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Special requests, concerns or remarks for your Artist:

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

**CLIENT NOTES (To Be Filled Out By Artist)**

DATE \_\_\_\_\_ LOCATION: Brows BRAND USED \_\_\_\_\_

COLOR(S)/FORMULA \_\_\_\_\_ BATCH NO(s): \_\_\_\_\_