

Name: _____ DOB _____ Phone : _____

Address: _____ Email: _____

List any medications you have taken in the last 6 months: _____

Do you take any blood thinning medications? _____

Have you ever had an allergic reaction to any of the following (please Circle):

Latex Paints Medications Metals Hair Dyes Foods Glycerin Epinephrine Lidocaine

Have you had Chemotherapy or Radiation in the past year? _____

Have you ever had one of the following (please circle) :

Retin-A or AHA's (2 weeks) Liver disease Epilepsy HIV Cancer Hepatitis

Bruise easily Diabetes High blood pressure Pregnant or nursing

Hemophilia Keloid Scar Prolonged bleeding Low blood pressure Botox/filler injections

Thyroid disturbances Artificial heart valves

Do you take antibiotics when going to the dentist? _____

What are the main concerns relating to your eyebrows? _____

What would you like to improve about your brows? Consider shape, color, thickness, etc. _____

For therapist use-note pigment , blades, techniques used for this client _____

Please read the following statement carefully. Microblading is a form of cosmetic tattooing, re-touch procedures may be required. Healing period of 4-6 weeks is required before touch up performed. On a rare occasion, the pigment may migrate under the skin. Procedure of Microblading may be uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there might be an immediate or delated allergic reaction to the pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. Permanent cosmetics cannot be applied if you are pregnant or nursing or anyone under the age of 18. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after Microblading, you should notify/discuss with your doctor. Possible scarring may occur, but is extremely rare.

_____ I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above and confirm that all info provided by me is correct and truthful.

Client's Signature _____

Date _____