



CLIENT CONSULTATION AND MEDICAL
HEALTH FORM FOR MICROBLADING

Name: _____ DOB: _____ Best Phone Contact: _____

Address: _____ Email: _____

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

Have you received chemotherapy or radiation in the past year? _____

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

- Latex Lanolin Vaseline Medication Metals Hair
Dyes Foods Lidocaine Paints Crayons Glycerin

Have you ever had a cold sore? Yes No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore

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

Are you currently under the care of a physician? If yes, please explain: _____

_____ Physician's Name: _____

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

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

Hair Loss	Anemia	Sensitivity to cosmetics	Prolonged bleeding	Diabetes
Trichotillomania	Epilepsy	Artificial Heart Valve	Low Blood pressure	High Blood Pressure
Hemophilia	HIV	Fainting spells or dizziness	Circulatory Problems	Hypertrophic or keloid scars
Liver Disease	Alopecia	Tumors, growths, cysts	Botox/filler injections	Hepatitis
Thyroid disturbances	Cancer	Healing problems	Do you scar easily?	Do you bruise/bleed easily?

What would you like to improve about your eyebrows? Consider shape, color, density, thickness...

Please read the following statements carefully. Microblading is a way of cosmetic tattooing, intended to be semi-permanent lasting average 12-18 months. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading may be uncomfortable. 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 full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed 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 procedure, you should notify/discuss with your doctor. Possible scarring may occur. I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client's Name _____ Client's signature _____ Date _____

Note pigments/blades used for this client _____ Voucher No: _____

Please read the following advice carefully and sign at the end

- Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one retouch appointment. This will take place 4 to 6 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will reduce by 30-50%
- Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure
- Please don't wear makeup on the day of your procedure
- Please do not drink alcohol 24 hours prior to the treatment
- Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard
- Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure
- No electrolysis for at least 5 days before the procedure
- Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure
- Chemical and laser peels should be avoided no less than 6 weeks prior to procedure
- Patients prone to cold sores/fever blisters should take an antiviral prior to treatment
- Hormone therapies can affect pigmentation and/or cause sensitivity
- Don't drink any coffee before the procedure or the day of the procedure.

Topical Anesthetic Advice

- **Allergic reaction** can occur from any anesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.
- **Numbness** – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- **Procedure** – For microblading procedure, a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/chemist. The anesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anesthetic, you can expect to experience some redness/swelling that can last 1-4 days. You should always follow your post procedure advice and after care for the best results.

Contraindications for Microblading

- Liver disease – high risk of infection
- Compromised skin near brow area
- Pregnancy/Nursing
- Chemotherapy/Radiation

•• The following medical conditions require a note from your doctor giving consent

Diabetes Type 1 and 2, high blood pressure, autoimmune disease, thyroid / Graves' disease Any other medical condition that causes slow healing or a high risk of infection

I have read and full understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the microblading procedure. I agree to follow pre- and post-procedure advice closely

Client's Name _____ Client's signature _____ Date _____



INFORMED CONSENT FOR MICROBLADING

I _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micropigmentation, as well as the specific procedure to be performed, has been explained to me.

- » If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the color fades, pigment itself may stay in the skin indefinitely.
- » I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.
- » I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure.
- » The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.
- » Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional makeup on the brows.
- » I have been advised that the true color will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact color can be given.
- » To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.
- » I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of after care details.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semipermanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure _____ (initial)

There is a possibility of an allergic reaction to numbing agent and/or pigments. I release the technician from liability if I develop an allergic reaction to the pigment.

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading procedure. I acknowledge some of these potential adverse changes may not be correctable. _____ (initial)

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done. I, , give **Microblading Expert & Permanent Makeup by Valentina** (MPM Professionals) & All it's technicians permission to perform my microblading procedure.

Client's Name _____ Client's signature _____ Date _____



MICROBLADING DISCLOSURE & RELEASE FORM

I understand the following completely: (initial each statement)

_____ Microblading can last 6-18 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.

_____. I must schedule the touch up for 6 to 8 weeks after my initial treatment. I have read and understand the Fees & Policies sheet

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

_____ I have seen and agree with the pre-draw shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

_____ There may be risks and hazard related to performing this procedure.

_____ There may be discomfort and pain during this procedure.

_____ There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.

_____ Microblading is considered semi-permanent and can/will fade over time.

_____ Microblading, though semi-permanent, may last permanently and may not fade.

_____ Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.

_____ Final result cannot be determined until brows are completely healed at 4 to 6 weeks.

_____ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.

_____ I am NOT pregnant

_____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance

_____ I fully understand the procedure and give permission to my technician to perform the service of Microblading and all procedure and steps involved.

_____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.

_____ I release Microblading Expert & Permanent Makeup by Valentina and its representatives and licensed technicians of all claims and injury, for seen or un-for seen that may occur as a result of this procedure.

_____ I accept to receive marketing from Microblading Expert & Permanent Makeup by Valentine on the mail or through SMS for the information I provided above.



Photographs/Videos

For the purpose of documentation, I also consent to the taking of before, during and after photographs/videos of said procedure(s), which become the technician's sole property and may or may not be used by the technician, salon, or clinic for whatever purpose deemed necessary. I hereby grant Microblading Expert and Permanent Makeup by Valentina permission to use my photograph(s) in any way the company sees fit. By signing this consent form, I accept that photographs may be used on the internet or in any other print or electronic medium as Microblading Expert and Permanent Makeup by Valentina chooses. I will make no monetary or other claim against Microblading Expert and Permanent Makeup by Valentina for use of the photographs.

I consent _____ I do not consent _____ I consent Eyebrows Only _____

Understanding the permanent skin pigmentation procedure, the procedure, the permanency of the procedure, the possible consequences of the procedure, and that the procedure is for cosmetic purposes only, I hereby authorize Microblading Expert and Permanent Makeup by Valentina to perform the permanent skin pigmentation procedure(s).

Microblading Expert and Permanent Makeup by Valentina Makeup Policies

1. First appointment - is the actual procedure (approximately 2-2,5 hours);
2. Second appointment - is the one-month post-procedure refinement (approximately 1,5 hour).

Depending on your skin you may also need an extra touch up. (that is not the technicians responsibility)

An approximate two-hour or longer block of time is reserved for your tattoo/permanent makeup procedure. A non-refundable deposit of \$50.00 is required to secure actual procedure appointment. This deposit is required when procedure appointment is booked. Deposit is applied toward balance.

Please do not bring children or pets to your appointment.

Please arrive 15 minutes prior to your appointment. A late arrival may require rescheduling your appointment, with respect to the clients that are scheduled after you.

24 Hour Cancellation/No-Show/Rescheduling Policy: Your appointments are very important to us. Time allocated for an appointment is reserved especially for you. We ask that appointments to be guaranteed against late cancellation or rescheduling with a credit card. We have to cancel your appointment if you are late for 15 minutes. If you miss an appointment without calling at least 24 hours in advance there will be charged \$50.00.

Forms of Payment: We accept cash, personal checks, Visa, Master Card, American Express, Discover credit cards for payment. Prices are subject to change without notice. Please provide your credit card information when you make a consultation appointment. If I cannot tolerate the procedure and the technician cannot finish the procedure I will be charged a set-up fee for the procedure. This fee will be \$100.00.

Prior Tattoo/Permanent Makeup: If you have had tattoo/permanent makeup applied previously, the technician will not be responsible for color inconstancy, fading, or any other problem relating to the new procedure. Your procedure is NOT considered a "touch-up" for the new technician. We do not know what pigments were used, if your needles were properly disposed, if cross contamination occurred, or any other hazardous behavior was displayed. Full price fees will be charged for each procedure.

CLIENTS WHO HAVE HAD PERMANENT MAKEUP PERFORMED BY ANOTHER TECHNICIAN WILL BE CHARGED THE FULL PRICE OF A PROCEDURE. There are reasons. It is always harder to correct someone's work than to do work on untouched skin.

Any follow-up appointment that is scheduled longer than 8 (eight) weeks after your initial appointment is no longer considered a follow up.

Client's Name _____ Client's signature _____ Date _____