

MICROBLADING

CLIENT CONSULTATION FORM

Please fill out this form on your first appointment.
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Appointment Day & Time:

DD	MM	YYYY	HH:MM
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Full Name

Address

Zip / Postal Code

State / Province

City

Date of birth

Phone

Emergency Contact Phone

Email

☐ Yes ☐ No

(Your email address will be used for appointment confirmations, and quarterly newsletters)
If you would like to subscribe to our newsletter and promotions please tick YES or tick NO

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

Are you currently pregnant? ☐ Yes ☐ No

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

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

Have you ever had an allergic reaction to any of the following?

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Latex | <input type="checkbox"/> Foods | <input type="checkbox"/> Hair Dyes | <input type="checkbox"/> Crayons |
| <input type="checkbox"/> Lanolin | <input type="checkbox"/> Lidocaine | <input type="checkbox"/> Medication | <input type="checkbox"/> Glycerin |
| <input type="checkbox"/> Vaseline | <input type="checkbox"/> Paints | <input type="checkbox"/> Metals | <input type="checkbox"/> No |

Have you ever had one of the following?

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

Any diseases or disorders not listed:

Do you bruise or bleed easily? ☐ Yes ☐ No

Do you scar easily? ☐ Yes ☐ No

Chemical or laser peel within 6 weeks ☐ Yes ☐ No

Do you have healing problems? ☐ Yes ☐ No

Are you currently under the care of a physician? If yes, please explain: ☐ Yes ☐ No

What are the main concerns relating to your eyebrows?

What would you like to improve? Think about shape, colour, density, thickness of your perfect brow

What are the main concerns relating to your eyebrows?

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 an after care leaflet and I'm fully aware of the after care procedures.

I have fully understood the information provided above.

I can confirm that all of the information provided by me, is correct and truthful.

Client (Printed Name)

Parent or guardian (if under 18 years of age) Name & Signature

Client Signature

Date

Technician Name

Technician Signature

Date

For therapist use only - Pigments/blades used for client:

MICROBLADING

PRE PROCEDURE ADVICE

Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place 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 wear your normal make up 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.
- A patch test will be performed, unless waived by client.
- 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 anti-viral prior to treatment.
- Hormone therapies can affect pigmentation and/or cause sensitivity.

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 • Pregnancy/Nursing • Compromised skin near brow area • Chemotherapy/Radiation

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

Diabetes Type 1 and 2, high blood pressure, auto-immune 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 (Printed Name)

Client Signature

Date

Technician Name

Technician Signature

Date

MICROBLADING

AFTER CARE INSTRUCTIONS & WHAT TO EXPECT

Aftercare is very important for producing a beautiful and lasting result.

Please follow these instructions for at least 7 days after the procedure to improve and prolong the results of your new brows. If you don't follow these instructions, it can greatly affect your microblading results. Avoid getting anything on the brows, including water, except for cleansing as directed. You may blot for the first few hours with sterile gauze to remove any excess fluids, if necessary.

Cleansing

Every 1-3 hours, apply the after-care ointment directly on brows. If needed, wash lightly with slightly damp Q-tips and mild or green soap (non-scented orange Dial soap is a great option). Repeat the ointment application very gently during the first 2 days. When washing, it should be very gentle and with hardly any water. Avoid saturating brows with water, as brows heal faster when remained dry. After the initial 2 days of washing, you may very sparingly apply balm to hydrate your brow area for dryness relief. Do not pick or rub the brows. The flakes must fall off on their own or you will risk removing the color and possibly scarring.

Do not soak the treated area in the bath, pool or hot tub. For 30 days, refrain from swimming in salt water or chlorinated pools, saunas, hot yoga, steam rooms or sun beds.

- No exercise for 7 days. After 7 days – when exercising, wear a sweatband to avoid sweat on brow area.
- Do not expose treated area to direct sunlight. After completely healed (30 days), use a sunscreen to avoid fading from the sun.
- Eyebrows will scab or become slightly dry following the treatment. If they itch, DO NOT SCRATCH them.
- If your eyebrows get wet during the healing process, pat them dry with a towel, DO NOT RUB.
- Avoid using daily skincare products directly on the eyebrows.
- If you are due to give blood after the procedure, please inform your nurse about the microblading treatment you have had as this might alter the results.
- Chemical peels, or any other medical procedure should only be done once the healing process is complete; please take this into consideration if you're scheduling a touch-up as they cannot be done 6 weeks prior to microblading.
- No makeup should be applied directly on the brows during the healing process (30 days).
- Do not touch, rub, pick or scratch your brows following treatment or during healing process.
- Call, text or email us with any questions or concerns.

What to expect

Initially, your brows will appear more bold than usual. Over the next few days after the procedure, your brows may darken during the healing process. This is normal and this is not the way they will remain. Around 7-14 days, you may notice some flaking/shedding of the skin near the brow area. Think of this as very small "scabs" falling off the skin now that the skin underneath has healed. You may feel they appear uneven at times because of this. When the skin flakes off, many times the microblading strokes appear very light or sometimes it seems that they have disappeared. This is very normal. This is because there is still a thick layer of protective, opaque skin creating a veil over the pigment. Once you go through a skin cycle (4-6 weeks) the pigment will typically reappear but will be about 30-50% lighter than it was immediately after the procedure.

**FAILURE TO FOLLOW AFTER-CARE INSTRUCTIONS MAY RESULT IN INFECTIONS,
PIGMENT LOSS OR DISCOLORATION**

MICROBLADING

CONSENT FORM

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 micro-pigmentation, 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 make-up 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 semi- permanent 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. A patch test is offered however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. Initial one or the other, not both:

I consent _____ **(initial)** to the patch test OR I waive _____ **(initial)** the patch test

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 semipermanent pigmentation work done.

I _____ give _____ permission to perform my microblading procedure.

Client (Printed Name)

Client Signature

Date

Technician Name

Technician Signature

Date

MICROBLADING

DISCLOSURE & RELEASE FORM

Please read and initial all lines:

- ☐ 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 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 _____ and its representatives and license technicians of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client (Printed Name)

Client Signature

Date

MICROBLADING

PHOTO RELEASE CONSENT & INSTAGRAM TAGGING

I would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. 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. We also like to tag our clients in photos used on our Instagram profile! Please indicate if you'd like to allow this or not below.

☐ Yes, feel free to use them

☐ No, please do not use them

☐ Yes please tag me on Instagram

☐ No, please do not tag me

Client (Printed Name)

Client Signature

Date

MICROBLADING

POSSIBLE RISKS, HAZARDS OR COMPLICATIONS

Excessive Swelling or Bruising:

Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.

Pain:

There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.

Uneven Pigmentation:

This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.

Asymmetry:

Every effort will be made to avoid asymmetry but our faces are not symmetrical so adjustments may be needed during the follow up session to correct any unevenness.

Eye Exposure:

There is a small risk of eye injury when an eyeliner procedure is performed. To avoid corneal abrasion, Celluvisc, a thick eye drop is used to protect the eye prior to the procedure. Eye drops are used to cleanse and flush the eye after the procedure is complete.

Anesthesia:

Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.

MRI:

Because pigments used in permanent cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your technician of any tattoos or permanent cosmetics.

Infection:

Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.

Allergic Reaction:

There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this.

Please initial to: Waive_____ or Take_____ .

Client (Printed Name)

Client Signature

Date