



# Microblading Consultation Report

## RECORD OF CONSULTATION

Date: \_\_\_\_\_ Fees Discussed: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Tell us a little about your desired result? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of the following best describes your area of concern (Check all that apply):

- Complete Hair Loss (Post Chemotherapy or Alopecia client)
- Filling in missing hairs
- Desire more symmetry – My eyebrows are not the same shape
- Thinning eyebrows – Desire Fuller Shape
- Color Correction
- Shape Correction
- Cover up old tattoo or scar

Recommended Procedure/Treatment:

Technician Name: \_\_\_\_\_



## ***Informed Consent and Release Agreement***

I, \_\_\_\_\_, acknowledge that I have been given all the necessary information about the Microblading procedure including expected results, inherent risk and after care to make an informed decision on whether or not to undergo an Eyebrow Microblading procedure.

\_\_\_\_\_ I understand there may be a certain amount of discomfort of pain associated with the procedure

\_\_\_\_\_ I understand that possible side effects include temporary bleeding, bruising, swelling, redness or discoloration. Fading or loss of pigment may occur.

\_\_\_\_\_ Although Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

\_\_\_\_\_ This is the process of inserting pigment into the dermis. It is a form of tattooing, though only lasts 1-3 years depending upon skin type.

\_\_\_\_\_ All instruments that enter the skin or come in contact with body fluids are single use, individually packaged, sterile, disposable, and are properly disposed of after use. Cross contamination guidelines are strictly adhered to. I certify that my technician used sterile, single use, individually wrapped blades that were opened in front of me.

\_\_\_\_\_ Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

\_\_\_\_\_ I fully understand that this is a tattoo process and fully accept the permanence (1-3 years) of the procedure as well as the possible outcomes and complications.

\_\_\_\_\_ I have received pre and post procedure instructions and I will follow those directions. I understand that failure to follow these instructions could jeopardize my results.

\_\_\_\_\_ I understand that face altering cosmetic surgery procedures such as laser hair removal, Botox, fillers, implants, collagen and other face procedures may alter the appearance of my Microblading/permanent Makeup.

\_\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on 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.



## ***Informed Consent and Release Agreement (Page 2)***

\_\_\_\_\_ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

\_\_\_\_\_ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

\_\_\_\_\_ I understand that the process of Microblading is not a single step process and does require subsequent visits to achieve and maintain the desired results.

\_\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control (metabolism, skin type, medicine, age, smoking, alcohol, sun exposure, Glycolic acids or Retin-A), and I will need to maintain the color with future applications and a touch-up session.

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

\_\_\_\_\_ 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. Touch-ups must be completed within 60 days of initial procedure to be considered a touch-up price.

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 this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me, and I authorize \_\_\_\_\_, as my Eyebrow Microblading technician to perform on my body the Eyebrow Microblading procedure desired today.

Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Signed: \_\_\_\_\_



# Confidential Medical Profile

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

To avoid unforeseen complications, please answer the following questions honestly. Do you have or previously had any of the following: (Check mark YES or No)

- YES NO 18 Years of age or older
- YES NO History of MRSA
- YES NO Botox (Last treatment \_\_\_\_\_)
- YES NO Diabetes
- YES NO Hepatitis A B C D
- YES NO HIV Positive
- YES NO Forehead/Brow Lift /Facelift
- YES NO Easy Bleeding
- YES NO Alcoholism
- YES NO Abnormal Heart Condition
- YES NO Taking medications including immunosuppressive, such as anti-inflammatory or steroids
- YES NO Chemical or Laser Peel (Last Treatment \_\_\_\_\_)
- YES NO Are you pregnant or nursing?
- YES NO Brow Lash Tinting
- YES NO Cancer (Year \_\_\_\_\_)
- YES NO History of skin diseases or remarkable skin conditions or sensitivities?
- YES NO Oily Skin
- YES NO Accutane or acne treatment
- YES NO Currently taking Vitamin A or Vitamin E in any form?
- YES NO Are you currently or have you ever undergone Chemotherapy/Radiation (How long in Remission \_\_\_\_\_)
- YES NO Tan by booth or salon
- YES NO Tumors/ Growth/ Cysts
- YES NO Previous problems with tattoos or have you been advised by a physician NOT to get a tattoo?
- YES NO Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc. (currently or last 7 days)
- 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, latex, food, topical anesthetic, etc \_\_\_\_\_
- YES NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?
- YES NO Are you currently under the care of a physician?
- YES NO Have you taken any mood altering drugs in the las 8 hours? Explain \_\_\_\_\_
- YES NO Do you have problems with healing? Explain \_\_\_\_\_
- YES NO Any diseases or disorders not listed \_\_\_\_\_
- YES NO Circle all that apply: Heart conditions, allergies to makeup, keloid or scars, stroke, chest pain, shortness of breath, Alopecia, Epilepsy, Seizures, Refractive eye surgery, Glaucoma, Trichotillomania, Hepatitis, HIV, Jaundice, Kidney Disease, darkening of the skin

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

Are there any other medical conditions that we should be aware of? \_\_\_\_\_

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

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



### Model Photography Release Consent Form

I hereby consent to and authorize the use and reproduction by you and/or anyone authorized by you of photographs which you have taken of my eyebrow micorblading procedure. Any proofs can be used for any purpose whatsoever without further authorization from me or compensation to me. All photos shall constitute your property, solely and completely.

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

I certify that I am over the age of 18.                      **YES**      **NO**

I assign to you the right to copyright photography.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Special requests, concerns or remarks for the Artist

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## ***Microblading - Possible Risks, Hazards, or Complications***

- **Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than on others.
- **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 instruction on home care.
- **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.
- **Excessive Swelling or Bruising:** Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.
- **Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.
- **MRI:** Because pigments used in Permanent Cosmetic procedures contain iron oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.

**The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Microblading / Micropigmentation eyebrow procedure.**

I certify that I am 18 years of age or older and that I consent and release for Microblading procedure to be performed:

Name \_\_\_\_\_

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

Technician Name: \_\_\_\_\_ Signed: \_\_\_\_\_