

# Client Consultation- Microblading



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date of Birth MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Client Medical History

Do you presently have or previously had any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> History of MRSA                       | <input type="checkbox"/> Oily Skin  |
| <input type="checkbox"/> Botox                                 | <input type="checkbox"/> Cancer year  |
| <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Accutane or acne treatment   |
| <input type="checkbox"/> Lip fillers/ Restylane/ Juve derm     | <input type="checkbox"/> Chemotherapy/ Radiation  |
| <input type="checkbox"/> Cold Sores/ Fever Blisters ever?      | <input type="checkbox"/> Tan by booth or sun  |
| <input type="checkbox"/> Blepharoplasty (Eyelid surgery)       | <input type="checkbox"/> Tumors/ Growths/ Cysts   |
| <input type="checkbox"/> Hepatitis (A, B, C, D)                | <input type="checkbox"/> Difficulty numbing with dental work  |
| <input type="checkbox"/> Forehead/Brow lift                    | <input type="checkbox"/> Taking blood thinners such as: Aspirin, Ibuprofen, alcohol, Coumadin, etc.   |
| <input type="checkbox"/> Easy bleeding                         | <input type="checkbox"/> Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc. |
| <input type="checkbox"/> Face lift                             | <input type="checkbox"/> Allergies to metals, food, etc.  |
| <input type="checkbox"/> Alcoholism                            | <input type="checkbox"/> Any diseases or disorders not listed:  |
| <input type="checkbox"/> Eye surgery/ injury/ corneal abrasion | _____   |
| <input type="checkbox"/> Abnormal Heart Condition              | <input type="checkbox"/> Do you use skin care products containing Retin A, glycolic acid or alpha hydroxy?  |
| <input type="checkbox"/> Contact Lenses now                    |   |
| <input type="checkbox"/> Take meds before Dental work          |   |
| <input type="checkbox"/> Chemical Peel (last treatment _____)  |   |
| <input type="checkbox"/> Pregnant now/ Breast feeding now      |   |
| <input type="checkbox"/> Brow or Lash tinting                  |   |
| <input type="checkbox"/> Autoimmune Disorder                   |   |

Please list medication or vitamins you're presently taking: \_\_\_\_\_

## STATEMENT OF CONSENT AND RECITALS: Please read and initial.

\_\_\_\_\_ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call or email you.

\_\_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

\_\_\_\_\_ Fever blisters may occur in lip procedures in individuals who have the herpes simplex virus and it is my responsibility to obtain a prescription from my doctor for an anti-viral medication to help avoid a breakout.

\_\_\_\_\_ I understand that Retin A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.

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

\_\_\_\_\_ I understand that successful lip 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'm schedule for an MRI.

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

\_\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch up session within 60 days.

\_\_\_\_\_ 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: infection, misplaced pigment, poor color retention and hyperpigmentation.

\_\_\_\_\_ I have been quoted the exact cost for Microblading, semi- permanent technique which includes one (1) touch up as soon as 1 week, but no longer than 30 days. After 30 days an additional fee is applicable. In addition, there are absolutely no refunds for this elective procedure(s).

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) and 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 the technician to perform the Microblading, semi- permanent technique on the scheduled dated as discussed.

### **Consent and Release Agreement for Microblading**

This form is designed to give information needed to make an informed choice of whether or not to undergo the Microblading, semi- permanent technique. If you have questions, please don't hesitate to contact us or ask your technician.

Although Microblading, semi- permanent technique is affective in most cases, absolutely no guarantee can be made regarding the client's benefit from the procedure.

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing.

All instruments that enter the skin or come in contact with body fluids are sealed and sterilized before use and disposed of after use. Cross contamination guidelines are stickily adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch up after the healing is completed.

Initially the color will appear much more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40% to 50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be fully touched up within 6 months to 2 years.

Special requests, concerns or remarks for technician:

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### **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 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 instructions on 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 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.

**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.

**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 \_\_\_\_\_.

The alternative to these possibilities is to use cosmetics and not undergo microblading technique.

**Future Appointments/Contact:**

May I call/text you at your cell phone number to confirm future appointments?  No  Yes

May I contact you via mail/email about future promotions and news?  No  Yes

May I take and use photos on the internet/ social media as part of a portfolio of treatments?  No  Yes

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Esthetician: \_\_\_\_\_ Date: \_\_\_\_\_

## Aftercare- Microblading



After care is very important for producing a beautiful and lasting result.

Keep the area clean by washing with freshly washed hands and a mild soap. Do not use a washcloth or sponge to remove soap. Simply splash with water. Do not use cleansing creams, acne cleansers or astringents. Use a mild, natural soap.

Apply the aftercare balm with freshly washed hands or a Q-Tip. If the balm is too stiff to use simply warm it up in a glass of warm water or on your finger. Use the balm very sparingly. Too little is better than too much. Blot off excess with a clean tissue. Never touch the procedure area without washing your hands immediately before.

Do not scrub, rub or pick at the epithelial crust that forms. Allow it to flake off by itself. If it is removed before it is ready the pigment underneath it can be pulled out.

Do not use any makeup near the procedure area including mascara for eyeliner procedures for at least 3 days. Purchase new mascara and makeup if possible to avoid contamination or bacterial infection.

Always use a sun block after the procedure area is healed to protect from sun fading.

### **What's normal?**

**Mild swelling, itching, light scabbing, light bruising and dry tightness.** Ice packs are a nice relief for swelling and bruising. Aftercare balm is nice for scabbing and tightness.

**Too dark and slightly uneven appearance.** After 2-7 days the darkness will fade and once swelling dissipates unevenness usually disappears. If they are too dark or still a bit uneven after 4 weeks then we will make adjustments during the touch up appointment.

**Color change or color loss.** As the procedure area heals the color will lighten and sometimes seem to disappear. This can all be addressed during the touch up appointment and is why the touch up is necessary. The procedure area has to be completely healed before we can address any concerns. This takes about four weeks.

**Needing a touch up months or years later.** A touch up may be needed 6 months to 2 years after the touch up procedure depending on your skin, medications and sun exposure. We recommend the touch up 30 days after the first session and every 6 months to 2 years to keep them looking fresh and beautiful. Touch up sessions after 60 days will be \$150 or current touch up rate at time of touch up.

Failure to follow after care instructions may result in infections, pigment loss or discoloration.