

LISA MANFREDO
EVERLASTING
BROWS

GENERAL CONSENT AND PROCEDURE PERMIT FORM

Please read this form fully and sign at the end. If you are unsure about a particular detail of the form, please speak to your therapist.

If unforeseen condition arises in the course of Microblading procedure, I authorize my therapist to use their professional judgement to decide on what he/she feels necessary in the given circumstances.

I accept the responsibility for determining the colour, shape and position of the Microblading procedure as agreed during consultation. I understand that an allergy test, does not guarantee that I will not develop an allergic reaction to the pigment.

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 colour will fade, pigment itself may stay in the skin indefinitely.

I have been informed that 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 is determined 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 between 1-4 days. In some cases bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure of the sun should be limited until the skin has fully healed.

Please see after care card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.

I have been advised that the true colour will be seen 1 month 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 colour 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. I can confirm that I have received a copy of after care details.

Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any permanent cosmetics procedure performed by _____

For the purpose of documentation, record and use in portfolio, also consent to the taking of “before” and “after” photographs of my procedure.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I RELEASE LISA MANFREDO AND ITS REPRESENTATIVES LUXURIOUS LASHES BY LISA LLC OF ALL CLAIMS OF INJURY, SEEN OR UNSEEN THAT MAY OCCUR AS A RESULT OF THIS PROCEDURE. ANY AND ALL FEES PAYABLE FOR THIS PROCEDURE ARE 100% NON-REFUNDABLE.

Client Name:
Address:

Date:
DOB:

Client Signature:

Photography Release Consent

We 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.

Yes, feel free to use them

Client Name:

Signature:

Date:

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING

Client Full Name:	DOB:
Address:	
Contact No:	Email:
Occupation:	

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 one of the following? Lanolin

Latex rubber Vaseline Medication

Metals Hair Dyes Foods Lidocaine Paints Crayons

Glycerine

Any Other Allergy:

Have you ever had one of the following?

AHA preparations in the last 2 weeks Fat injections, Botox injections, Collagen injections

Hypertrophic scars Keloid Scars Epilepsy Artificial Heart Diabetes

Anaemia

Retain A last 2 weeks Sensitivity to cosmetic Trichotilomania Low Blood Pressure

Artificial Heart Valves Haemophilia Fainting spells or dizziness Prolonged bleeding

Fat injections, Botox injections, Collagen injections Hypertrophic scars Keloid Scars

Healing problems Do you scar easily? Do you bruise or bleed easily?

Are you currently pregnant or nursing?

What are the main concerns relating your eyebrows?

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

FOR THERAPIST USE:

Note pigments, blades, techniques to be used for this client

Please read the following statements carefully: Microblading is a way of cosmetic tattooing. Re-touch procedures may be required. A healing period of 4-6 weeks is required before a touch up procedure can be performed. On a rare occasion, the pigment may

migrate under the skin. Procedure of microblading may be slightly 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 delayed allergic reaction to pigment. Allergic reactions to anaesthetic can occur.

Permanent cosmetics cannot be applied to pregnant women or nursing mothers.

Permanent cosmetics cannot be applied to any person 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, but is extremely rare.

I have received an after care leaflet and I'm fully aware of the aftercare procedures. I understand that will be charged for booking and will be applied toward my treatment cost if I decided to do the procedure. The second session is mandatory. I have fully understood the information provided above. I can confirm that all of the information provided by me, is correct and truthful.

Client's Full Name:

Client's signature:

Date:

Technician's Full Name:

Technician's signature:

Date:



MICROBLADING PRE PROCEDURE ADVICE

Read the following advice carefully and sign at the end.

- ❖ Microblading procedure normally require multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place between 4-6 weeks after the initial procedure.
- ❖ Please be prepared that colour intensity will be significantly darker and sharper immediately after the procedure. This will reduce by 30%-50%
- ❖ Although numbing cream is used during the procedure, slight sensitivity/ discomfort can be still felt by sensitive clients.
- ❖ Delicate or sensitive skin may be red and/ or swollen after the procedure.
- ❖ Please wear your normal make-up to the salon on the day of your procedure.
- ❖ Please do not drink alcohol the night before treatment.
- ❖ Where possible, try to avoid the following herbs and spices running up to your appointment: Black pepper, Cardamom, (Ginger), Cayenne, Cinnamon, Garlic, Ginger, Horseradish, Mustard
- ❖ Electrolysis treatment should be undergone no less that 5 days before the treatment.
- ❖ AHA preparations should be undergone no less than 2 weeks before the treatment.
- ❖ Chemical, laser peel retain A should not be performed 6 weeks before the procedure.

Topical anesthetic advice

Allergic reaction: can occur from any anesthetics using during 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/ after care for the best results.

Approximate Healing Schedule for Microblading EYEBROWS

<u>Day</u>	<u>Effect</u>
1	Bold colour, dramatic appearance, tender, slight bleeding.
2	Eyebrows look very dark and appears thicker in texture.
3-4	Same as day 2 but a little lighter
5	Starting to itch. You may use a toothpick to “poke” at the skin to relieve itching.
5-7	Flaky skin starts – peels from the outside edges first. Skin may be itchy.
7-10	Colour finishes flaking off. Colour appears too light with missing spots. Feather strokes may appear “blurry”. NOTE: The color will look too weak and greyish. You may feel it is too light and that your skin did not take the colour well. Please be patient and color will darken as the skin “mends” back together.
14-21	Colour and definition returns, feathering starts to reappear and even out.
30	Healing is complete. All colour healed within the skin. Eyebrows should look very natural and soft.

Second Session is mandatory.

Colour Refreshing – To keep your new brows looking at their best it is recommended that you have a colour refresh procedure every 12-18 months.

I have read and fully 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-procedure advice closely.

Client's Full Name:

Signature:

Date:

Therapist's Name:

Signature:

Date:

EVERLASTING

BROWS

Fitzpatrick Skin Type Quiz

This information will help _____ to better evaluate your skin type to choose pigments that suit you and your skin type. Skin type is often categorized according to the Fitzpatrick skin type scale which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your technician are:

- Genetic Disposition
- Reaction to sun exposure and tanning beds

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, etc. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recent tanning, whether by the sun or an artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire.

Mark 0 through 4 for each question

Genetic Disposition

	0	1	2	3	4
Color of eyes	Light blue, gray, green	Blue, gray or green	Blue	Dark Brown	Brownish black
Natural hair color	Sandy red	Blonde	Chestnut, dark blonde	Dark brown	Black
Skin color (non exposed areas)	Reddish	Very pale	Pale with beige tint	Light brown	Dark Brown
Freckles on exposed areas	Many	Several	Few	Incidental	None

Reaction to sun Exposure

	0	1	2	3	4
If too long in the sun	Painful Redness Blistering Peeling	Blistering followed by peeling	Burns sometimes followed by peeling	Rare burns	Never had burn
Degree of skin turning brown	Hardly Not at all	Light color tan	Reasonable tan	Tans easily	Turns dark brown quickly
Turns brown within several hours after sun exposure	Never	Seldom	Sometimes	Often	Always
Face reaction to sun	Very sensitive	Sensitive	Normal	Very resistant	Never a problem

Tanning Habits

	0	1	2	3	4
Exposure to sun, tanning beds or self tanning	More than 3 months ago	2 to 3 months ago	1 to 2 months ago	Less than a month ago	Less than 2 weeks ago
Treated area exposure to sun	Never	Hardly ever	Sometimes	Often	Always

Summary

Add up the total scores for each section for your Skin type score to give us a better evaluation of your skin type.

_____ Total Score for Genetic Disposition

_____ Total Score for Reaction to Sun Exposure

_____ Total Score for Tanning Habits

_____ **Skin Type Score**

Your Fitzpatrick Skin Type

Skin Type Score	Fitzpatrick Skin Type
0-7	I
8-16	II
17-25	III
25-30	IV
Over 30	V-VI

Name: _____

Date: _____

Which of the following best describes your skin type?

- 1 – Always burn, never tan
- 2 – Always burn, sometimes tan
- 3 – Sometimes burn, tan somewhat
- 4 – Rarely burn, tan with ease
- 5 – Moderately pigmented, tans vary easily
- 6 – Deeply pigmented, never burn

Ethnic background is of importance when considering skin color. If known what is your ethnic background? _____