



Client Consultation and Medical Health Form for Microblading

Client/Model Name (Print): _____ Age: _____

Home Telephone: _____ Cell: _____

Address: _____

Date of Service(s): _____ Service Start/End Time: _____/_____

Alternate Contact Name: _____ Telephone: _____

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 (please circle)? 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 (please circle)? Yes No

Are you currently under the care of a physician (please circle)? Yes No

If yes, please explain: _____

Physician's Name: _____ Physician's Phone Number: _____

Do you take antibiotics when going to the dentist (please circle)? Yes No

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 Allergies to medication Infection from tattooing*
- Hypertrophic or keloid scars Liver disease Alopecia tumors, growths, cysts Botox/filler injections*
- Hepatitis Thyroid disturbances Cancer Healing problems*

Do you scar easily? If so, please explain: _____

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. 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.

Printed Client Name Signature Date

Printed Technicians Name Signature Date

For therapist use - Note pigments/blades used for this client: _____