

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:

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: