BROWS BY BACH

MICROBLADING STUDIO

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING

Name: _____ Phone: _____ Date: _____

Email: _____ Birthday: _____

Address: _____ City: _____ State: _____ Zip Code: _____

How did you hear about us? _____

Have you received chemotherapy or radiation in the past year? ☐Yes ☐No

Have you ever had an allergic reaction to any of the following?

☐Latex ☐Lanolin ☐Vaseline ☐Medication ☐Metals ☐Hair Dyes

☐Foods ☐Lidocaine ☐Paints ☐Crayons ☐Glycerin

Have you ever had a cold sore? ☐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? ☐Yes ☐No

Are you currently taking other medications? ☐Yes ☐No If yes, please explain: _____

Are you currently under the care of a physician? If yes, please explain:

_____

Physician's Name: _____

Do you take antibiotics when going to the dentist? If yes, why?

_____

Have you ever had one of the following?

☐Allergies ☐Hepatitis ☐Diabetes ☐Skin Problems
☐Heart Problems ☐Bleeding ☐Scarring (Keloids) ☐Eye Problems
☐Hemophilia ☐Epilepsy ☐Moles or freckles at site of tattoo
☐Other: Please explain:_____

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 6-18 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 any of the following pertains to you:

- You are under the age of 18
- Pregnant or Nursing
- Viral infections and/or diseases
- Epilepsy
- A Pacemaker or major heart problems
- Had an Organ transplant
- Tendency towards scarring (keloids)
- Seborrheic dermatitis
- Skin irritations or Psoriasis near the treated area (rashes, sunburn, acne, etc.)
- Sick (cold, flu, etc.)
- Had Botox in the past 2 months
- Used Accutane in the past year
- Allergic to anesthetic (Lidocaine, Tetracaine or Epinephrine)
- Extremely oily or problematic skin
- Liver disease
- Chemotherapy/Radiation

The following medical conditions require a note from your doctor giving consent:

Diabetes Type 1 and 2, high blood pressure, auto-immune disease, thyroid / Graves' disease, or any other medical condition that causes slow healing or a high risk of infection.

I have received aftercare information and I am fully aware of the aftercare procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client's Name_____ Client's signature_____ Date_____

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