



# MICROBLADING

## CLIENT INFORMATION AND HISTORY

APPOINTMENT DATE

APPOINTMENT TIME

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(PLEASE PRINT)

### CLIENT INFORMATION

FULL NAME

BIRTHDATE

PHONE NUMBER

ADDRESS

ZIP CODE

CITY

STATE / PROVINCE

EMAIL ADDRESS

EMERGENCY CONTACT

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Ever had a microblading or cosmetic tattoo procedure done in the past?

Y / N

If yes, when was the last procedure? \_\_\_\_\_

Do you have moles/ raised areas on or around your eyebrows?

Y / N

Ever had eyebrow hair transplant?

Y / N

Currently have or ever had piercings on eyebrows?

Y / N

Please list any medications you are currently taking:

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# MICROBLADING

## CLIENT INFORMATION AND HISTORY

(Continued)

NAME

DATE



Please be as accurate as possible when filling in the following information

CLIENT MEDICAL HISTORY	
<p>Y / N</p> <p><input type="radio"/> <input type="radio"/> History of MRSA</p> <p><input type="radio"/> <input type="radio"/> Botox</p> <p><input type="radio"/> <input type="radio"/> Diabetes</p> <p><input type="radio"/> <input type="radio"/> Hepatitis A, B, C, or D</p> <p><input type="radio"/> <input type="radio"/> Forehead/ Brow Lift</p> <p><input type="radio"/> <input type="radio"/> Easily Bleed</p> <p><input type="radio"/> <input type="radio"/> Facelift</p> <p><input type="radio"/> <input type="radio"/> Alcoholism</p> <p><input type="radio"/> <input type="radio"/> Abnormal Heart Condition</p> <p><input type="radio"/> <input type="radio"/> Take medication before Dental Work</p> <p><input type="radio"/> <input type="radio"/> Chemical Peel</p> <p><input type="radio"/> <input type="radio"/> Any diseases or disorders not listed If yes, list: _____</p> <p><input type="radio"/> <input type="radio"/> Allergic to any metals, food, etc. If yes, list: _____</p> <p><input type="radio"/> <input type="radio"/> Taking Blood Thinners (e.g. Aspirin, Ibuprofen, etc.) If yes, list: _____</p>	<p>Y / N</p> <p><input type="radio"/> <input type="radio"/> Currently Pregnant or Breastfeeding</p> <p><input type="radio"/> <input type="radio"/> Brow/ Lash Tinting</p> <p><input type="radio"/> <input type="radio"/> Autoimmune Disorder</p> <p><input type="radio"/> <input type="radio"/> Oily Skin</p> <p><input type="radio"/> <input type="radio"/> Cancer (If yes, what year? _____ )</p> <p><input type="radio"/> <input type="radio"/> Accutane or Acne Treatment</p> <p><input type="radio"/> <input type="radio"/> Chemotherapy/ Radiation Therapy</p> <p><input type="radio"/> <input type="radio"/> Abnormal Heart Condition</p> <p><input type="radio"/> <input type="radio"/> Tan by Booth, Salon, or Sun</p> <p><input type="radio"/> <input type="radio"/> Tumors/ Growth/ Cysts</p> <p><input type="radio"/> <input type="radio"/> Difficulty Numbing with Dental Work</p> <p><input type="radio"/> <input type="radio"/> Allergic to any medications If yes, list: _____</p> <p><input type="radio"/> <input type="radio"/> Taking any medications or vitamins If yes, list: _____</p> <p><input type="radio"/> <input type="radio"/> Use skin products containing Retin A, Glycolic Acid, or Alpha Hydroxyl?</p>

I agree that all the above information is true and accurate to the best of my knowledge.

Signed: \_\_\_\_\_



# MICROBLADING DISCLOSURE & RELEASE FORM

I UNDERSTAND THE FOLLOWING COMPLETELY: (Initial each statement)

- \_\_\_\_\_ Microblading can last 6-18 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.
- \_\_\_\_\_ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.
- \_\_\_\_\_ I have seen and agreed with the pre-drawn shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.
- \_\_\_\_\_ There may be risks and hazard related to performing this procedure.
- \_\_\_\_\_ There may be discomfort and pain during this procedure.
- \_\_\_\_\_ There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.
- \_\_\_\_\_ Microblading is considered semi-permanent and can/will fade over time.
- \_\_\_\_\_ Microblading, though semi-permanent, may last permanently and may not fade.
- \_\_\_\_\_ Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.
- \_\_\_\_\_ Final result cannot be determined until brows are completely healed at 4 to 6 weeks.
- \_\_\_\_\_ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.
- \_\_\_\_\_ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.
- \_\_\_\_\_ I am NOT pregnant.
- \_\_\_\_\_ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance.
- \_\_\_\_\_ I fully understand the procedure and give permission to my technician to perform the service of Microblading and all procedure and steps involved.
- \_\_\_\_\_ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.
- \_\_\_\_\_ I release this business and its representatives and license technicians of all claims and injury, seen or unseen that may occur as a result of this procedure.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Cosmetic Professional



# MICROBLADING INFORMED CONSENT FORM

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I, \_\_\_\_\_, am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed has been explained to me.

» If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/ her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation. 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 color fades, pigment itself may stay in the skin indefinitely.

» I have been informed that the 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 can be affected 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.

» I understand that with oily skin types, strokes can heal less crisp, expanded and/or blurry and may result in a powder-brow effect.

» Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.

» I have been advised that the true color will be seen 6 weeks 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 color 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. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of after care details.

## Please initial each statement:

\_\_\_\_\_ I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure.

\_\_\_\_\_ I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my microblading procedure. I acknowledge some of these potential adverse changes may not be correctable.

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, \_\_\_\_\_, give this business permission to perform my microblading procedure.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Cosmetic Professional



# MICROBLADING

## PRE-PROCEDURE ADVICE

PLEASE READ THE FOLLOWING ADVICE CAREFULLY AND SIGN BELOW

- » Microblading procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place 6-8 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will reduce by 30-50%.
- » Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure.
- » Please do not drink alcohol 24 hours prior to the treatment.
- » Unless medically necessary, please avoid taking things that thin the blood like fish oils, herbals, Vitamin E, aspirins.
- » Where possible, try to avoid the following herbs and spices prior to your appointment: Black pepper, Cardamom, any member of the Zingiberaceae (Ginger) family, Cayenne, Cinnamon, Garlic, Horseradish, Mustard.
- » A patch test can be performed, unless waived by client. It is the client's responsibility to schedule this at least 2 weeks prior to the procedure.
- » Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure.
- » No electrolysis for at least 5 days before the procedure.
- » Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure.
- » Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure.
- » Chemical and laser peels should be avoided no less than 6 weeks prior to procedure.
- » Patients prone to cold sores/ fever blisters should take an anti-viral prior to treatment.
- » Hormone therapies can affect pigmentation and/or cause sensitivity.
- » Discontinue use of any brow-growth serums like Latisse, as it can cause sensitivity/ affect pigment.

### TOPICAL ANESTHETIC ADVICE

- » **Allergic reaction** can occur from any anesthetics used during the 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 and after care for the best results.

### CONTRAINDICATIONS FOR MICROBLADING

- » Liver disease - high risk of infection
- » Compromised skin near brow area
- » Skin conditions like psoriasis, dermatitis, etc. near the brow area
- » Pregnancy/ Nursing
- » 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
  - Any other medical condition that causes slow healing or a high risk of infection

**I have read and full 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- and post-procedure advice closely.**

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cosmetic Professional



# MICROBLADING AFTERCARE INSTRUCTIONS

PLEASE FOLLOW THESE INSTRUCTIONS FOR 14 DAYS AFTER THE PROCEDURE TO IMPROVE AND PROLONG THE RESULTS OF YOUR MICROBLADING. IF YOU DON'T FOLLOW THESE INSTRUCTIONS, IT CAN GREATLY AFFECT YOUR MICROBLADING RESULTS OR PUT YOU AT RISK FOR INFECTION OR SCARRING OR LOSS OF PIGMENTATION!

**Avoid getting anything on the brows, including water, except for cleansing as directed.** For the first day after your procedure, please gently blot your brows **every hour**, using sterile gauze and a little bit of bottled/ distilled water, to remove any excess lymph fluids. You can set an alarm on your phone to help remind you. This is very important to minimize scabbing and allow for better pigment retention!

**Cleansing:** In 2-3 hours, wash lightly with **slightly** damp Q-tips and antibacterial soap. Repeat this washing, very gently every morning and night. When washing, it should be very gentle and with hardly any water and with a tapping motion, **no rubbing**. Please avoid saturating brows with water. **Do not pick or rub the brows**. The scabs/ flakes must fall off on their own or you will risk removing the color and possibly scarring.

- Do not soak the treated area in the bath, pool or hot tub. For 30 days, refrain from swimming in salt water or chlorinated pools, saunas, hot yoga, steam rooms or sun beds.
- **No exercise for 14 days.** After 14 days- when exercising, wear a sweatband to avoid sweat on brow area.
- Do not expose treated area to direct sunlight. After healed (30 days), use a sunscreen to avoid fading from the sun.
- **No makeup** should be applied directly on the brows during the healing process. After the brows have healed (14 days, OR after the scab/skin flakes off) you may wear brow makeup at that time.
- No other products should touch the brows during healing, other than antibacterial soap.
- **Do not touch, rub, pick or scratch** your brows following treatment or during healing process.
- You may find that your eyebrows will scab or become slightly dry following the treatment. If they itch, **DO NOT SCRATCH** them. You may tap them to alleviate the itch.
- If your eyebrows get wet during the healing process, pat them dry with a towel, **DO NOT RUB**.
- Avoid using daily skincare products directly on the eyebrows.
- If you are planning a chemical peel, or any other medical procedure, please inform therapist of the procedure you have had. Procedure should only be done once the healing process is complete.
- If you are due to give blood after the procedure, please inform your nurse about the microblading treatment you have had as this might alter the results.

## WHAT TO EXPECT

Initially, your brows will appear more bold than usual. This is because we have enhanced the brows, deposited pigment in the skin and often times, made them appear fuller. Over the next few days after the procedure, your brows may darken during the healing process. This is normal and this is not the way they will remain. Around 7-14 days, you may notice some flaking/ shedding of the skin near the brow area. Think of this as very small "scabs" falling off the skin now that the skin underneath has healed. When the skin flakes off, many times the microblading strokes appear very light or sometimes it seems that they have disappeared. **THIS IS NORMAL**. This is because there is still a thick layer of protective skin creating a veil over the pigment. Once you go through a skin cycle (4-6 weeks) the pigment will typically reappear but will be about 30-50% lighter than it was immediately after the procedure.



# MICROBLADING

## PERSONAL CLIENT TRACKING FORM

FOR PROFESSIONAL USE ONLY

CLIENT FULL NAME

\_\_\_\_\_

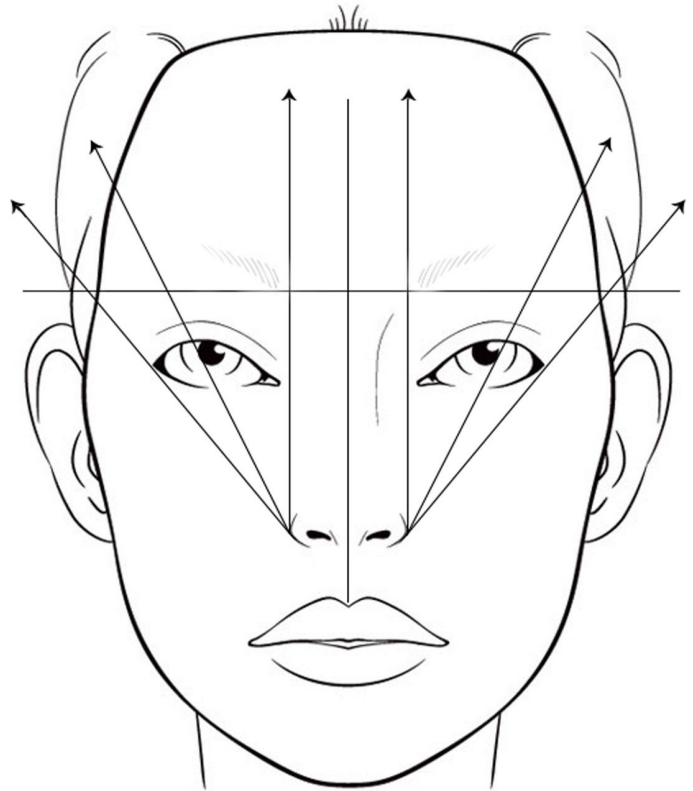
### TREATMENT DETAILS

Pigments Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Blades Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



TREATMENT NOTES & DESCRIPTION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PRICING/ COST

Base Price: \_\_\_\_\_

Touch Up: \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

TOUCH UP DATE: \_\_\_\_\_

TOUCH UP NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_