



CLIENT CONSULTATION AND MEDICAL HEALTH FORM

Name (Last, First): _____ DOB: _____

Address: _____

Contact Number: _____ Email: _____

List any medications you have taken in the past six months: _____

Have you received chemotherapy and/or radiation in the past 6 months? _____

Have you ever had an allergic reaction to any of the following? (circle all that apply)

- | | | | | |
|-----------|--------|----------|----------|-----------|
| LANOLIN | LATEX | VASELINE | METALS | HAIR DYES |
| LIDOCAINE | PAINTS | CRAYONS | GLYCERIN | NONE |

FOOD: _____ MEDS: _____ OTHER: _____

Have you ever had the following? (circle all that apply and write in any not listed)

- | | | | |
|--------------------------------|---------------------|-------------------------|---------------------|
| RETIN A, AHA past 2 weeks | *HIV | TRICHOTILLOMANIA | *EPILEPSY |
| SENSITIVITY TO COSMETICS | LOW BLOOD PRESSURE | DRUG ABUSE | **MRSA |
| *ARTIFICIAL HEART VALVES | HIGH BLOOD PRESSURE | *LIVER DISEASE | ANEMIA |
| CHEMICAL/LASER PEEL past 6 wks | **HEMOPHILIA | *ACTIVE CANCER | THYROID DISEASE |
| FAINTING SPELLS/DIZZINESS | *AUTOIMMUNE DISEASE | *HEPATITIS | *HEALING PROBLEMS |
| FAT/BOTOX/COLLAGEN past 2 wks | SCAR EASILY | HAIR LOSS | BRUISE/BLEED EASILY |
| ALCOHOLISM | DIABETES controlled | **DIABETES uncontrolled | **KELOIDS |

OTHER: _____

* Medical clearance required ** Microblading can not be performed on clients with these conditions

What most concerns you about your eyebrows and what would you like to improve? _____

Please read the following statements carefully. Microblading is a way of cosmetic tattooing. Perfecting visits may be required. A healing period of 6 weeks is required before a touch up procedure can be performed. On a rare occasion, the pigment may migrate under the skin. The microblading procedure 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. 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 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 the procedure, you should notify/discuss with your doctor. Possible scarring may occur, but is extremely rare. I fully understand the information provided above. I confirm that all of the information provided by me is correct and truthful.

Client Name Printed _____ Client Signature _____ Date _____

Professional Name Printed _____ Professional Signature _____ Date _____