

## MICROBLADING INTAKE FORM

*All information is confidential*

Please complete the following information as thoroughly and honestly as possible. Some of the questions that follow may seem unrelated to microblading, however, they may play a role in treatment. We would like to make your service as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let your Microblading artist know.

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Name (Last) (First) (MI) Date of Birth

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Home Address

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City State Zip

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Phone (Day) (Evening) (Cell)

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Emergency Contact Phone

If we may contact you by e-mail, please provide your e-mail address:

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**Do you presently have or previously had any of the following? Please check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> HIV<br><input type="checkbox"/> History of MRSA<br><input type="checkbox"/> Autoimmune Disorder<br><input type="checkbox"/> Cancer<br>(last treatment _____)<br><input type="checkbox"/> Chemotherapy/Radiation<br>(last treatment _____)<br><input type="checkbox"/> Pregnant now/ Nursing now<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Tumors/Growths/Cysts<br><input type="checkbox"/> Hemophilia<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Easy bleeding<br><input type="checkbox"/> Skin Disease<br><input type="checkbox"/> Oily Skin<br><input type="checkbox"/> Psoriasis<br><input type="checkbox"/> Eczema<br><input type="checkbox"/> Keloid scars<br><input type="checkbox"/> Seborrhic Dermatitis | <input type="checkbox"/> Difficulty numbing with dental work<br><input type="checkbox"/> Do you have any challenges with healing wounds?<br><input type="checkbox"/> Cardiovascular Conditions<br><input type="checkbox"/> Easy hyperpigmentation<br><input type="checkbox"/> Herpes/Cold Sores<br><input type="checkbox"/> Facelift<br>(last treatment _____)<br><input type="checkbox"/> Forehead/Brow lift<br>(last treatment _____)<br><input type="checkbox"/> Botox<br>(last treatment _____)<br><input type="checkbox"/> Fillers<br>(last treatment _____)<br><input type="checkbox"/> Tan by booth or sun<br><input type="checkbox"/> Chemical Peel<br>(last treatment _____)<br><input type="checkbox"/> Accutane or acne treatment<br>(last treatment _____)<br><input type="checkbox"/> Brow tinting<br><input type="checkbox"/> Previous Permanent Make Up or Microblading<br>(last treatment _____) |
|--|--|

Allergic reaction to any medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl alcohol, Carbopol, Lecithin, Propylene glycol, Vitamin E Acetate, etc.

List: \_\_\_\_\_

Taking Medication for blood thinning such as: Aspirin, Ibuprofen, alcohol, Coumadin, Anti-Coagulates etc. : \_\_\_\_\_

In the last 14 days, did you undergo surgery or have you been exposed to radiation or other medical intervention?

Allergies \_\_\_\_\_

Any diseases or disorders not listed: \_\_\_\_\_

Do you use skin care products containing Retin-A, Glycolic Acid or Alpha Hydroxy Acid?

\_\_\_\_\_

Please List Other Concerns: \_\_\_\_\_

\_\_\_\_\_

Please list all medications or vitamins you're currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MICROBLADING CONSENT AND RELEASE AGREEMENT

*Please read this authorization carefully and acknowledge your understanding by signing your name in the space below.*

**To The Patient.** This form is designed to give information needed to make an informed choice of whether or not to undergo a Microblading semi-permanent make up application. If you have questions, please don't hesitate to ask.

Although Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

Microblading is the process of inserting pigment into the surface layer of the dermal skin and is a form of semi-permanent tattooing.

All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is necessary to expect a perfecting touch-up after the healing is completed, approximately 6 weeks post initial treatment. It is typical that some of the strokes are lost after the first treatment.

Initially the color will appear much more vibrant or darker compared to the end result. Usually within 7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent, and will fade over time and will likely need to be touched-up within 6 months to 18 months. Pigment retention depends on a variety of factors such as skincare products and routine, oiliness of the skin, treatments received, and sun exposure.

### **Photography Release consent**

We would like your permission to use these photos for advertising. For example, in portfolios, online and in print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

YES, I consent to the use of my photos

NO. Do not use my photos

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Name (printed)

Date

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Signature

Special requests, concerns or remarks for technician:

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## EXPECTATIONS, POSSIBLE RISKS, HAZARDS OR COMPLICATIONS for Microblading

Please read this authorization carefully and acknowledge your understanding by signing your name in the space below.

**Discomfort:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others. The discomfort is relative and is usually comparable to brow tweezing.

**Infection:** Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care. Following correct after care accounts for 70% of successful results.

**Uneven Pigmentation:** This can result from poor healing, infection, bleeding or many other causes. It is normal for eyebrows to initially appear to be dark or uneven. After 2-7 days, the darkness will fade, and once swelling dissipates, unevenness usually disappears. As the procedure area heals, the color will lighten and sometimes seem to disappear in places. It is normal to lose 10% - 15% of strokes during the healing process. Adjustments will be made during the touch-up appointment in 6 weeks. This appointment will be necessary. The procedure area has to heal completely before we can address any concerns. Healing takes about 4-6 weeks. Your touch-up appointment(s) will likely correct any uneven appearance. Future touch-ups are needed 6 months to 1 year after the first touch-up, depending on your skin, medications, and sun exposure, to keep them looking fresh and beautiful. If most of the hair strokes have faded (about 70% TBD by your technician), the entire procedure will need to be repeated. An email photo or in-person consultation may be necessary to determine if you need a touch-up or a repeat of the entire procedure.

**Symmetry:** Symmetry and shape is calculated by our Microblading artist. The brow shape, color and position will be carefully calculated to achieve the best outcome based on facial morphology. The brow shape will be drawn in and approved by you prior to the treatment ensuing. Every effort will be made to avoid asymmetry but our faces are not symmetrical and symmetry is an unrealistic expectation.

**Excessive Swelling or Bruising:** Some people bruise and swell more than others. Mild swelling, itching, light scabbing, light bruising, and dry tightness are normal expectations. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.

**Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.

**Allergic Reaction:** There is a small possibility of an allergic reaction. You may take a 48 hour patch test to determine this. Please initial to: Waive \_\_\_\_\_ or Take \_\_\_\_\_ .

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Name (printed)

Date

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Signature

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## STATEMENT OF CONSENT AND RECITALS for Microblading

*Please read and initial all lines.*

\_\_\_\_\_ Aftercare instructions have been explained to me and a written copy will be given to me to retain in my possession, which I will follow to the best of my ability. If I have questions I will call, text or email the Microblading artist.

\_\_\_\_\_ I understand (that) a certain amount of discomfort is associated with this procedure and that swelling, redness and bruising may occur.

\_\_\_\_\_ I understand (that) Retin A, Renova, Alpha Hydroxy, Glycolic Acids or Lasers must not be used on the treated areas. They will alter the pigment and retention..

\_\_\_\_\_ I understand (that) sun, tanning beds, pools, some skin care products and medications can affect my permanent makeup.

\_\_\_\_\_ I accept (that the) brow shape, color and position will be carefully calculated to achieve the best outcome based on my facial morphology. Some adjustments may be made that both myself and the Microblading artist will approve. Pigment color is determined according to the natural color of my eyebrows or hair.

\_\_\_\_\_ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control and I will need to maintain the color with future applications and a touch-up session in 4-6 weeks after initial treatment.

\_\_\_\_\_ I acknowledge (that) Microblading involves risks inherent in the procedure and has possibilities of complications during and/or following the procedure(s) such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

\_\_\_\_\_ I understand (that) there will be no refunds for the elective procedure(s).

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s) and I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize PRO Club to treat me.

### AUTHORIZATION AND CONSENT

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

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Name (printed)

Date

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Signature