

Medical History



Name	Address	City	State	Zip Code
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Phone Number	Email
Birthdate	

Please Circle Which Pertains To You:

- | | |
|---------------------|--------------------------|
| Alopecia | Heart Issues |
| Anemia | Pregnant/nursing |
| Thyroid Issues | Rosacea |
| Herpes | Hepatitis |
| High Blood Pressure | Skin Condition |
| Diabetes | Bruise/Bleed Easily |
| Cancer/Chemo | Dermabrasion |
| MRSA | Botox/injections/Fillers |
| Hashimoto Disease | Blood Thinners/Aspirin |
| HIV | Sun/Bed Tanning |
| Keloid Scars | |
| Trichotillomania | |
| Plastic Surgery | |
| Acid | |
| Chemical peels | |
| Retina | |
| Alpha Hydroxyl | |
| Accutane/Acne | |
| Autoimmune Disorder | |

Yes No
 Do you have an allergy to color dye?

List: _____

 Do you have an allergy to Medications?

List _____

Are you allergic to Novocain, Lidocaine, epinephrine or topical anesthetics? List:

Have you ever had permanent cosmetics applied? If so, please describe.

Are you currently taking Blood Thinning medications? (Vit E, Aspirin, Flaxseed)

Do you anticipate a MRI within the next year? When?

Are you being treated for an illness? List:

You may not be a suitable candidate for this procedure if you are: under 18 years old, Pregnant or nursing, have a history of keloids or hypertrophic scarring, diabetic, chemotherapy, viral infections, have a heart condition, have taken Accutane in the past year, recent Botox, sick (cold, flu), organ transplant, skin irritations or Psoriasis near the eyebrows, Epilepsy, on blood thinners, poor general health, or uncontrolled blood pressure. If any of these pertain to you, a doctor's consent may be required.

X_____ (initial).

I understand that the body is asymmetrical and nobody's brows are 100% symmetrical, but also know that my microblading technician will make every effort to help make my brows as symmetrical as possible. I also understand that everyone's skin is different and will react differently to the procedure of semi-permanent makeup. Some skin will heal faster, some skin will retain pigment differently, everyone's environment is different and that too effects how our skin retains pigment.

X_____ (initial)

Please Read the Following Carefully. I release the Technician/team from liability if I develop an allergic reaction to the pigment and/or topical numbing agent. Although extremely rare, there could be an immediate or delayed allergic reaction to the pigment (iron oxide, lakes, nickel, alcohol, Glycerin, distilled/sterile water). A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. I acknowledge that no guarantees have been made to me concerning the results of my microblading procedure. Infections could occur if aftercare isn't followed appropriately. There may be redness/swelling or minor

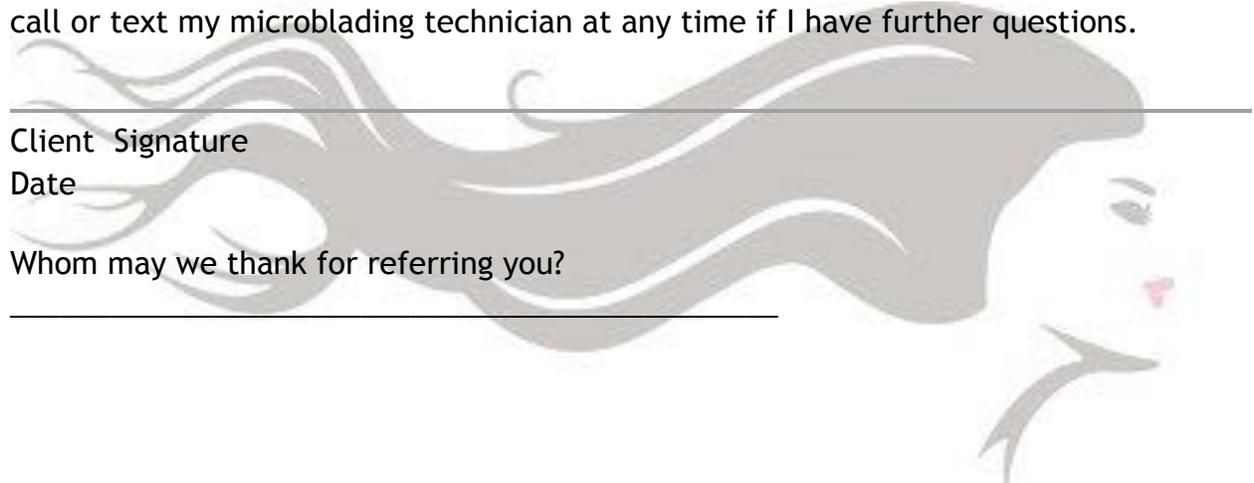
bleeding after procedure. I also understand that any laser treatments, facial injections, or facials of any kind could compromise my permanent cosmetic make up application. X_____ (initial)

I certify that I have read and initialed the above paragraphs, and have had explained to me, and fully understand the above consent and procedure permit; that the explanations therein referred to were made and I accept full responsibility for these and/or any complications which may arise or result during or following the cosmetic procedure(s) which is to be performed at my request according to this consent were filled in before I signed this statement. I also certify that my aftercare process was fully explained to me by my microblading technician and I also received a hand out on how to care for my semi/permanent make up. I also understand that I am welcome to call or text my microblading technician at any time if I have further questions.

Client Signature

Date

Whom may we thank for referring you?



Belle La Vie
Microblading