

Medical History



Name
Birthday

Phone #

Email

Please Circle Which Pertains To You:

Accutane/Acne

Alopecia

Alpha Hydroxyl

Anemia

Autoimmune Disorder

Blood Thinners/Aspirin

Botox/injections/Fillers

Bruise/Bleed Easily

Cancer/Chemo

Chemical peels

Dermabrasion

Diabetes

Glycolic Acid

Hashimoto Disease

Heart Issues

Hepatitis

Herpes

High Blood Pressure

HIV

Keloid/hypertrophic Scars

Lithium

MRSA

Plastic Surgery

Pregnant/nursing

Retina

Rosacea

Rosin

Skin Condition

Sun/Bed Tanning

Thyroid Issues

Tri-luma

Trichotillomania



Yes No

 Do you have an allergy to color dye, Glycerin or Nickel?

List: _____

 Are you an allergy to medications, or numbing agents?

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

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

 Are you being treated for an illness? List:

Whom may we thank for referring you?

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/zits/moles/ Psoriasis near the eyebrows, Epilepsy, taking blood thinners, poor general health, taking lithium, 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/Liner is 100% symmetrical, but also know that my PMU artist will make every effort to help make my brows/Liner as symmetrical as possible. I also understand that everyone's skin/ environment is different and will react differently to the procedure of permanent makeup. Some skin will heal faster, some skin will retain pigment differently, everyone's environment is different, medications play a factor and that too effects how our skin retains pigment. I also understand that no permanent make up is guaranteed. X_____ (initial)

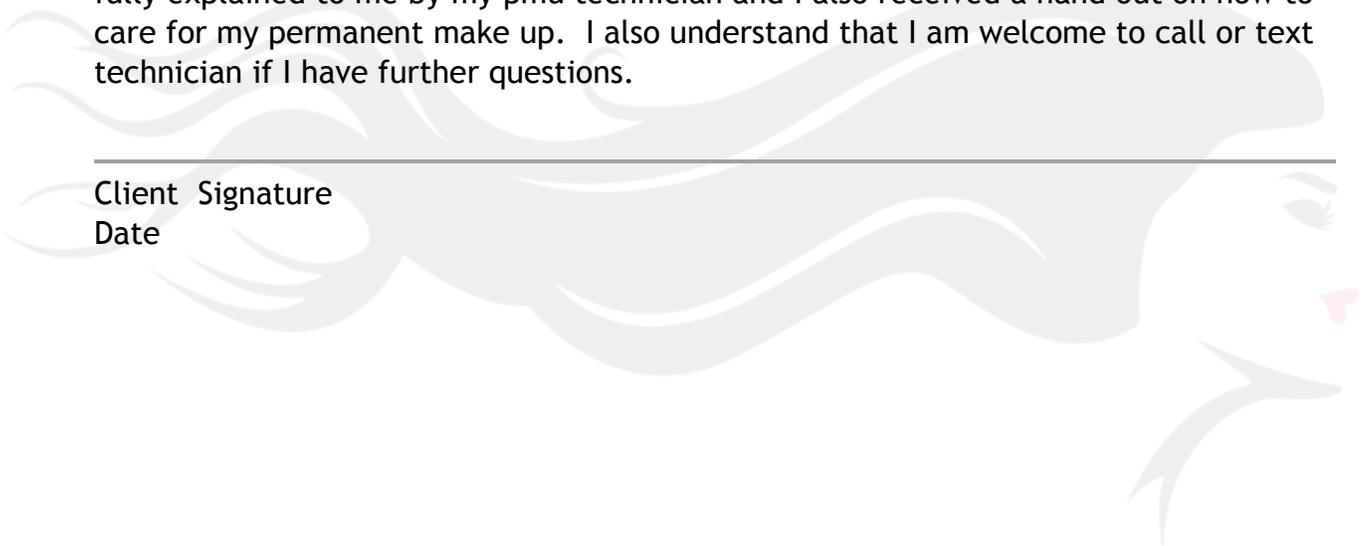
Please Read the Following Carefully. I release the Technician/BelleLaVie team from liability if I develop an allergic reaction to the pigment and/or topical numbing agent. Although extremely rare, there could be an immediate or delayed allergic reaction to

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 permanent make up 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 water, sweat, picking, Makeup, 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 pmu technician and I also received a hand out on how to care for my permanent make up. I also understand that I am welcome to call or text technician if I have further questions.

Client Signature

Date



Belle La Vie
Microblading