

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact Tel # (Cell): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (W): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (H): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email: \_\_\_\_\_ Consent to use: \_\_Y \_\_N  
 Address: \_\_\_\_\_

Where did you hear about our office: \_\_\_\_\_

Microblading is the process of inserting pigment into the dermal layer of the skin; a form of tattooing, though semi-permanent. 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.

Do you **Currently** or **Previously** have or had any of the following: Please circle Yes or No to the following:

Y N	Fever or Cold	Y N	Diabetes	Y N	Facelift
Y N	Hepatitis (A,B,C,D)	Y N	Forehead/Brow Lift	Y N	Keloid Scarring
Y N	Heart Condition	Y N	Accutane/Acne Treatment	Y N	Bruise/Bleed easily
Y N	Autoimmune Disorder	Y N	Pregnant / Breastfeeding	Y N	Oily Skin
Y N	Brow / Lash Tinting	Y N	Active Psoriasis / Eczema	Y N	Tanning (Sun or Booth)

- If you wear contact lenses they must be removed before your treatment and can only be worn the day after your treatment. YES NO
- If you are prone to cold sores, it is recommended to start taking the prescription medication VALTREX three days before your procedure to discourage a flare up. This prescription can be provided by our overseeing physician. YES NO

Do you have any tattoos? If YES, did you have any complications during the healing process? Please List:

Allergies: Please List:

Are you allergic to topical anaesthetics? If YES, which:

Are you currently under the care of a physician for any medical condition? If YES, please list:

Current Medications:

Are you currently receiving any Botox or Filler treatments? If YES, when was your last treatment

Botox:

Filler:

Before and After photographs WILL be taken of this procedure. Do you consent for your photos being used for digital marketing for our Spa? YES NO

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Service Provider

SERVICE PROVIDER NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_