

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROPIGMENTATION

Name: _____ DOB: _____ Best Phone Contact: _____

Address: _____ Email: _____

List any medications you have been taking in the past 6 months: _____

Have you received chemotherapy or radiation in the past year? _____

Have you ever had an allergic reaction to any of the following (please circle):

Latex Lanolin Vaseline Medication Metals Hair Dyes
Foods Lidocaine Paints Crayons Glycerin

Have you ever had a cold sore? Yes No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore.

Are you currently taking medication that thins the blood? Yes No

Are you currently under the care of a physician? If yes, please explain: _____

_____ Physician's Name _____

Do you take antibiotics when going to the dentist?

If yes, why?

Have you ever had one of the following (please circle):

Hair Loss	Anemia	Sensitivity to cosmetics	Prolonged bleeding	Diabetes
Trichotillomania	Epilepsy	Artificial Heart Valve	Low Blood pressure	High Blood Pressure
Hemophilia	HIV			Hypertrophic or keloid scars
Fainting spells or dizziness	Circulatory Problems			Hepatitis
Liver Disease	Alopecia	Tumors, growths, cysts	Botox/filler injections	
Thyroid disturbances	Cancer	Healing problems	Do you scar easily?	Do you bruise/bleed easily?

What would you like to improve about your eyebrows? Consider shape, color, density, thickness...

Please read the following statements carefully. Semi permanent make up is a way of cosmetic tattooing lasting average 12-24 months. On a rare occasion, the pigment may migrate under the skin. Procedure of micropigmentation may be uncomfortable. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone 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 microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur.

I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.

Client's Name: _____ Client's signature: _____ Date: _____

For therapist use - Note pigments/blades used for this client: _____

INFORMED CONSENT FOR MICROPIGMENTATION

I _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

»I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the colour, shape and position of the micropigmentation procedure as agreed during consultation. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the colour fades, pigment itself may stay in the skin indefinitely.

» I have been informed that the highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.

» I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure. » The result of the procedure can be affected by the following: medication, skin characteristics (dry, oily, sun-damaged thick or thin skin type), personal pH balance of your skin, alcohol intake and smoking, post procedure after care.

» Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.

- » I have been advised that the true colour will be seen 6 weeks after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact colour can be given.
- » To my knowledge, I do not have any physical, mental or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.
- » I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician. Failure to do so may jeopardize my chances for a successful procedure. I can confirm that I have received a copy of after care details.

I have been informed of the nature, risks, and possible complications and consequences of permanent skin pigmentation. I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semipermanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure.

There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is offered however it does not ensure a client will not have an allergic reaction. If waived, I release the technician from liability if I develop an allergic reaction to the pigment. **Initial one or the other, not both:**

I understand that if I have any skin treatments, injectables, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my micropigmentation procedure. I acknowledge some of these potential adverse changes may not be correctable.

I certify that I have read and initialled the above paragraphs and have had explained to my understanding the consent and procedure permit. I accept full responsibility for the decision to have this cosmetic semi-permanent pigmentation work done.

I, _____, give Joanna Mieczkowska permission to perform my semi permanent make up procedure.

Client name: _____ Signature: _____ Date: _____

MICROPIGMENTATION DISCLOSURE & RELEASE FORM

I understand the following completely: (initial each statement)

_____ Micropigmentation can last 12-24 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch ups to get desired result.

_____ Touch up must schedule up for 6 to 8 weeks after my initial treatment. I have read and understand the Fees & Policies sheet.

_____ There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.

_____ I have seen and agree with the pre-draw shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.

_____ There may be discomfort and pain during this procedure.

_____ There is a possibility of bleeding, swelling, redness and allergic reactions to pigments.

_____ Micropigmentation is considered semi-permanent and can/will fade over time.

_____ Micropigmentation, though semi-permanent, may last permanently and may not fade.

_____ Surgical procedures may be required to remove pigment from skin. These procedures may cause scarring and permanent damage to the skin.

_____ Final result cannot be determined until brows are completely healed at 4 to 6 weeks.

_____ I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.

_____ I have received post care instructions and will follow them to ensure results of my procedure are satisfactory.

_____ I am NOT pregnant

_____ I am NOT under the influence of drugs and/or alcohol or any other mind altering substance

_____ I fully understand the procedure and give permission to my technician to perform the service of semi permanent make up and all procedure and steps involved.

_____ I have truthfully filled out the consent form and have informed my technician of all medications I have taken.

_____ I release Joanna Mieczkowska of all claims and injury, seen or unseen that may occur as a result of this procedure.

Client name: _____ Signature: _____ Date: _____

MICROPIGMENTATION PRE PROCEDURE ADVICE

Please read the following advice carefully and sign at the end

- Micropigmentation procedure normally requires multiple treatment sessions. For best results, clients will be required to return for at least one re-touch appointment. This will take place 5- 6 weeks after the initial procedure. Those with oily skin may require an additional touch up. Please be aware that colour intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the colour will reduce by 30-50%
- Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure
- Please do not drink alcohol 24 hours prior to the treatment
- A patch test will be performed, unless waived by client
- Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure
- No electrolysis for at least 5 days before the procedure
- Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure
- Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure
- Chemical and laser peels should be avoided no less than 6 weeks prior to procedure
- Patients prone to cold sores/fever blisters should take an anti-viral prior to treatment
- Hormone therapies can affect pigmentation and/or cause sensitivity

Topical Anaesthetic Advice

- **Allergic reaction** can occur from any anaesthetics used during the procedure. If you do suffer from an allergic reaction, you should contact your doctor immediately. Allergic reaction response may show through redness, swelling, rash, blistering, dryness or any other symptoms associated with an allergic reaction.
- **Numbness** – We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual is different according to skin type. Some clients report the area to be completely numb, while others may experience some discomfort.
- **Procedure** – For micropigmentation procedure, a numbing cream/gel is used. The products are formulated to be perfectly safe and can be purchased over the counter from any pharmacy/chemist. The anaesthetic is placed over the treatment area for 20-30 minutes then carefully removed prior to treatment. As a result of the treatment, combined with the use of the anaesthetic, you can expect to experience some redness/swelling that can last 1-4 days. You should always follow your post procedure advice and after care for the best results.

Contraindications for Micropigmentation

- Liver disease – high risk of infection
 - Compromised skin near brow area
 - Pregnancy/Nursing
 - Chemotherapy/Radiation
- **The following medical conditions require a note from your doctor giving consent**
Diabetes Type 1 and 2, high blood pressure, auto-immune disease, thyroid / Graves' disease Any other medical condition that causes slow healing or a high risk of infection

I have read and full understood the above information provided and any risks involved with the use of topical anesthetic and I therefore consent to the use of the anesthetic for the micropigmentation procedure. I agree to follow pre- and post-procedure advice closely

Client Name: _____ Signature _____ Date _____