



Semi-Permanent Eyebrow Procedure Medical History

MEDICAL HISTORY

Name: _____ DOB: _____ Today's Date: _____

Address _____ City/State/Zip: _____

Email: _____ Phone: _____

List any medications you've taken in the last 6 months:

Have you received chemotherapy or radiation in the past year? Yes No

If yes, when was your last treatment? _____

Have you ever had an allergic reaction to any of the following (please check any applicable boxes)?

- | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Latex | <input type="checkbox"/> Lanolin | <input type="checkbox"/> Vaseline | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Glycerin | <input type="checkbox"/> Paints | <input type="checkbox"/> Metals | <input type="checkbox"/> Lidocaine |

Do you have allergies to any medications? Yes No

If yes, please list: _____

Do you have any food allergies? Yes No

If yes, please list: _____

Do you *have* a history of cold sores? Yes No

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

Do you currently have/have a history of any of the following (please check any applicable boxes)?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Trichotillomania | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Bruise/Bleed Easily | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Thyroid disturbances | <input type="checkbox"/> Healing Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting Spells. or Dizziness |
| <input type="checkbox"/> Tumors, Growths, Cysts | <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Alopecia |
| <input type="checkbox"/> Scar Easily | <input type="checkbox"/> Strokes | <input type="checkbox"/> Graves' Disease | |

Do you have any other medical condition that cause slow healing or higher risk of infection? Yes No

If yes, please explain: _____

****If you answered yes to any of the above, a doctor's note may be required to move forward with the procedure**



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Do you have a Keloid Scar/hypertrophic in the brow area? Yes No

Are you currently pregnant/nursing? Yes No

Are you currently under the care of a physician? Yes No

If yes, please explain: _____

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

Have you applied Retin-A or topical steroids in the last 2 weeks? Yes No

Retin-A Last used date: _____

Steroid Last used date: _____

Are you currently on any prescription acne treatment? Yes No

Have you used AHA's (Alpha Hydroxy Acids) in the last two weeks? Yes No

If yes, date last used: _____

(AHA's are commonly found in many anti-aging skin care lines, including your exfoliants. Included in this group of acids are lactic acid, malic acid, tartaric acid, and glycolic acid. This is also used frequently in facial peels for aging, acne, and hyperpigmentation.)

Have you received Botox or injections? Yes No

If yes, when: _____

Have you had blepharoplasty eye lift procedure? Yes No

If yes, when: _____

Do you currently have a burn (including sunburn) or open wound near your brow area? Yes No

Are you currently receiving hormone therapies? Yes No

Do you have any history of skin diseases including psoriasis or shingles? Yes No

By signing below, I certify that I have answered the above questions truthfully.

(Client Signature)

(Date)

(Client Name)



SEMI-PERMANENT EYEBROW PROCEDURE CONSENT

INFORMED CONSENT

Please read the below statements and initial on the lines provided

____ Semi-Permanent Eyebrow (also commonly known as Microblading, Nanoblading, or Powder Brow) is a form of cosmetic tattooing. The general nature of cosmetic semi-permanent eyebrow procedures, as well as the specific procedure to be performed has been explained to me. The semi-permanent eyebrow procedure requires 2 visits (in some cases more may be required), Scheduled appointments for the touch-up procedure require 48 hours' notice for cancellation or rescheduling and are included in the original price ONLY when performed within 12 weeks after the original procedure. Outside 12 weeks or if scheduled appointments are missed, an additional charge may be incurred. A healing period of 6 weeks is required before a touch-up is performed.

____ On rare occasions, the pigment may migrate under the skin causing it to be permanent, immediately after the procedure, the pigment can appear 30-50% darker than the desired result since the pigment will fade as the skin heals. 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 color fades, pigment itself may stay in the skin indefinitely.

____ If an unforeseen condition arises during the procedure, 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 color, shape, and position of the semi-permanent eyebrow procedure as agreed during consultation.

____ There is a possibility of an allergic reaction to numbing agent and/or pigments. A patch test is advisable 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. Although extremely rare, there might be an immediate or delayed allergic reaction the pigment, A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure.

____ I accept the responsibility for the agreed upon color, shape, and position of the semi-permanent eyebrow procedure as discussed during consultation.

____ The procedure of semi-permanent eyebrow may be uncomfortable. Numbing agents will be used to alleviate/lessen the discomfort. We cannot accept responsibility if the area to be treated does not respond to the numbing cream. Each individual's skin pain tolerance is different and will react to the numbing agents differently. Some clients report the area to be completely numb, while others may experience some discomfort.

____ I understand that if I have any skin treatments, laser hair removal, plastic surgery or other skin altering procedures, it may result in adverse changes to my semi-permanent eyebrow procedure. I acknowledge these potential adverse changes may not be correctable.

____ 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.



SEMI-PERMANENT EYEBROW PROCEDURE CONSENT

____ 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 aftercare details.

____ I have been advised that the true color will be seen 1 (one) month after each procedure, and that the pigment may vary according to skin tones, skin type, age, and skin condition. I understand that different skin types accept pigment more readily and no guarantee on exact color can be given. To my knowledge, I do not have any physical, mental, or medical impairment or disability that might affect my wellbeing as a direct or indirect result of my decision to have the procedure done at this time.

____ I have been informed of the nature and risks associated with microblading/nano brow/powder brow. I understand the semi-permanent eyebrow procedure carries with it known and unknown complications and consequences including but not limited to infection, scarring, inconsistent color and spreading, fanning, or fading of pigments. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi-permanent skin pigmentation procedure(s) and accept the permanence of this procedure. 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.

My initials below indicate the treatment I am consenting to have performed by Spa by Nikki.

____ Microblading

____ Nanoblading

____ Powder Brow

By signing below, I certify that I have read and initialed the above paragraphs and have had explained the consent and procedure, I accept full responsibility for the decision to have the semi-permanent eyebrow procedure done. I give Spa by Nikki permission to perform my semi-permanent eyebrow procedure.

(Client Signature)

(Date)

(Client Name)