

# Microblading Client Record

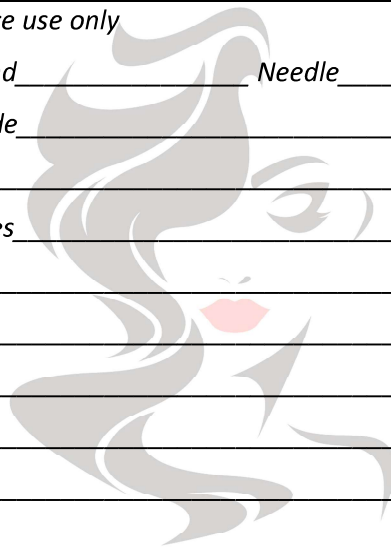
Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone \_\_\_\_\_

*Office use only*

Brand \_\_\_\_\_ Needle \_\_\_\_\_

Shade \_\_\_\_\_

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



How did you hear about us? Check below

- Yelp   
  Google Maps   
  Google Search   
  Facebook   
  Instagram   
  Referral

Name & Email of referrer \_\_\_\_\_

Have you ever had any of the following?

- Microblading   
  Body tattoo   
  Cosmetic tattooing   
 If cosmetic tattoo, where?

Are you requesting that a **new** procedure be performed over previous or existing eyebrow tattoo?  Yes  No

Have you ever had complications with previous microblading, body or cosmetic tattooing?  Yes  No

If yes, explain \_\_\_\_\_

Have you been advised by a doctor not to undergo any form of tattooing?  Yes  No

Does your work or leisure include excessive sweating, exposure to UV light or water?  Yes  No

How often do you wear sunblock? \_\_\_\_\_

What best describes your skin type?

- Oily   
  Combination   
  Normal   
  Dry   
  Mature   
  Sensitive

Please check all that apply to you **currently**. All information is kept in strict confidence.

<input type="checkbox"/> Diabetes <input type="checkbox"/> Pregnant or breast feeding <input type="checkbox"/> Hepatitis A, B or C <input type="checkbox"/> Accutane (last 12 months) <input type="checkbox"/> Autoimmune disorder <input type="checkbox"/> Easy bleeding <input type="checkbox"/> Low iron <input type="checkbox"/> Alcoholism <input type="checkbox"/> Allergy to metals or Lidocaine	<input type="checkbox"/> Abnormal heart condition <input type="checkbox"/> Rosacea <input type="checkbox"/> Psoriasis <input type="checkbox"/> Cancer <input type="checkbox"/> Chemotherapy/Radiation <input type="checkbox"/> Cold sore or herpes <input type="checkbox"/> Tan in tanning beds <input type="checkbox"/> Antibiotics <input type="checkbox"/> Cold / Flu	If you've had any of the following, indicate when <input type="checkbox"/> Botox _____ <input type="checkbox"/> Chemical peel _____ <input type="checkbox"/> Forehead / Brow / Face lift _____ <input type="checkbox"/> Aspirin, Ibuprofen, Alcohol, Coumadin, Heparin, Vitamin E, Ginkgo Biloba _____
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## Disclosure and Consent Form

I understand the following completely: (initial each statement)

\_\_\_\_\_ Microblading can last 9-24 months depending on how my skin reacts to the procedure. There may be fading and/or discoloration. The healed result may be different than the initial appointment and additional touch ups may be required.

\_\_\_\_\_ 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 appointment. I understand that I will need to come back for a touch up appointment in 6-8 weeks.

\_\_\_\_\_ One complimentary touch up is included in the price of today's procedure. I must schedule the touch up for 6 to 8 weeks after my initial treatment. I have read and understand the Fees & Policies sheet.

\_\_\_\_\_ I have seen and agree with the pre-drawn shape that my artist technician 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.

\_\_\_\_\_ I have seen and agree with the pigment colour selected. I understand that the shade, colour or intensity of the pigment may change during the natural healing process.

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

\_\_\_\_\_ There may be discomfort and pain during this procedure.

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

\_\_\_\_\_ Although microblading is a permanent make up (PMU) technique, it can/will fade over time.

\_\_\_\_\_ Microblading may last permanently and may not fade.

\_\_\_\_\_ The result of the procedure can be affected by the following: medication, skin characteristics (oily, sun-damaged, sensitive skin), UV exposure, personal pH balance of skin, alcohol intake, smoking and adhering to post-care instructions.

\_\_\_\_\_ Upon completion of the procedure there might be swelling and redness of the skin, which will subside within 1-3 days. In rare 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 post-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 color will be seen 4-6 weeks after each procedure and not before, 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 color can be given.

\_\_\_\_\_ I understand that permanent make up (PMU) procedures cannot be guaranteed and final results cannot be predicted. There are no refunds for this procedure, as results will vary and some contributing factors are out of my artist technician's control (aftercare, skin type, lifestyle, etc.)

\_\_\_\_\_ 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 microblading procedure. I acknowledge some of these potential adverse changes may not be correctable.

\_\_\_\_\_ I fully understand the procedure and give permission to my technician to perform the service of Microblading 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.

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Client's Name

Signature

Date

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Artist's Name

Signature

Date

## Waiver and release

PLEASE INITIAL EACH PROVISION ON THE LINES PROVIDED AFTER READING TO SHOW THAT YOU UNDERSTAND EACH PROVISION.

In consideration of receiving eyebrow microblading ("Tattoo") from GENEVA MANILOVA (The "Artist") at I WOKE UP LIKE THIS AESTHETICS (The "Tattoo Studio"), I agree to the following:

That I, \_\_\_\_\_ (clearly PRINT your name) have been fully informed of the inherent risks, associated with getting a tattoo. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to infection, scarring and allergic reactions to products used during the procedure. 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. Having been informed of the potential risks associated with getting a tattoo, I still wish to proceed with the tattoo application and I freely accept and expressly assume any and all risks that may arise from tattooing.

TO WAIVE AND RELEASE to the fullest extent permitted by law each of the Artist and the Tattoo Studio from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the application of my tattoo, whether caused by the negligence or fault of either the Artist or the Tattoo Studio, or otherwise.

That both the Artist and the Tattoo Studio have given me the full opportunity to ask any and all questions about the application of my tattoo and all of my questions have been answered to my total satisfaction.

The Artist and the Tattoo Studio have given me instructions on the care of my tattoo while it's healing, and I understand them and will follow them. I acknowledge that it is possible that the tattoo can become infected, particularly if I do not follow the instructions given to me. If any touch-up work to the tattoo is needed due to my own negligence, I agree that the work will be done at my own expense.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to be tattooed by the Artist without duress or coercion.

I do not have diabetes, epilepsy, hemophilia, a heart condition, nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the application or healing of the tattoo. I am not the recipient of an organ or bone marrow transplant or, if I am, I have taken the prescribed preventive regimen of antibiotics that is required by my doctor in advance of any invasive procedure such as tattooing. I am not pregnant or nursing. I do not have a mental impairment that may affect my judgement in getting the tattoo.

Variations in color and design may exist between the tattoo immediately after the procedure and the healed tattoo. I also understand that over time, the colors and the clarity of my tattoo will fade due to unprotected exposure to the sun and the naturally occurring dispersion of pigment under the skin.

A tattoo is a permanent change to my appearance and can only be removed by laser, specialized removal procedures or surgical means, which can be disfiguring and/or costly and which in all likelihood will not result in the restoration of my skin to its exact appearance before being tattooed.

I release all rights to any photographs taken of me and the tattoo and give consent in advance to their reproduction in print or electronic form.

x\_\_\_\_\_I agree to reimburse each of the Artist and the Tattoo Studio for any attorneys' fees and costs incurred in any legal action I bring against either the Artist or the Tattoo Studio and in which either the Artist or the Tattoo Studio is the prevailing party. I agree the courts of British Columbia, Canada shall have personal jurisdiction and venue over me and shall have exclusive jurisdiction for the purpose of litigation any dispute arising out of or related to this agreement.

x\_\_\_\_\_I am actually diligently reading these paragraphs before initialing.

x\_\_\_\_\_I acknowledge that I have been given adequate opportunity to read and understand this document, and I understand that I am signing a legal contract waiving certain rights to recover against the Artist and the Tattoo Studio.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_