

DATE: ____/____/____ D.O.B ____/____/____

NAME: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL: _____

CLIENT CONSULTATION & CONSENT FORM FOR MICRO-PIGMENTATION/MICROBLADING

How did you hear about us? _____

During your treatment would you prefer to: ____ Lay quietly ____ Chat ____ A bit of both

Are you allergic to anesthetics? _____ Yes _____ No

Are you allergic to latex or rubber _____ Yes _____ No

Are you allergic to metals (Nickel)? _____ Yes _____ No

Do you have a body tattoo? _____ Yes _____ No

Do you have any problems healing from small wounds? _____ Yes _____ No

Are you able to predict you menstrual cycle? _____ Yes _____ No

Have you been diagnosed as having Alopecia? _____ Yes _____ No

Are you pregnant, nursing or plan to be pregnant soon? _____ Yes _____ No

Are you on blood pressure medication? _____ Yes _____ No

Do you have any blood disorders such as Hemophilia? _____ Yes _____ No

Do you bruise easily? _____ Yes _____ No

Do you receive botox injections, If so list the area(s)? _____ Yes _____ No

Do you plan to travel abroad within the next three months? _____ Yes _____ No

_____ Date of last Botox treatment _____

Do you use Accutane, Retin A, AHA's or had any chemical peels within 6 months?

_____ Yes _____ No

Please list any and ALL medications you are using: (Examples: blood thinner, thyroid medication, blood pressure, diabetes, all vitamins)

Please list ALL skin care

Please check off whether the following do or have applied to you	Yes	No	YES	No
Allergies			High Bloodpressure	
Anemia			HIV	
Anxiety Disorder			Menopause	
Claustrophobia			Other Cancer	
Herpes I or II (active or inactive)			Poly Cystic Ovarian Syndrome	
Diabetes			Psoriasis	
Excema			Skin Cancer	
Eye Conditions (Glaucoma, conjunctivitis, Blindness)			Smoking	
Thyroid condition			Trichtillomania (Hair Pulling)	
Heart Condition			Use of tanning Beds	
Hepatitis			Recent surgery	
Pruginous dermatitis (chronic lip inflammation)				

INFORMED CONSENT

I consent my technician to take photographs of both before and after pictures of the procedure and to use the photographs for the purpose of compiling an album of showing potential clients of the procedure.

If you permit us to share (unidentified) your pictures, please initial here. _____

_____ I acknowledge that I will be advised to refrain from using soaps, creams and cosmetics , not to use any exfoliates, no tanning beds or direct sunlight and continue with the recommended aftercare for a full 5-7 days after the micro pigmentation treatment or until all flaking and peeling has halted and skin is totally healed.

_____ I will not touch, scratch or peel the healing micro pigmented area.

_____ I agree to follow all aftercare instructions and use of non recommended products and procedures may interfere with healing.

_____ I understand that the micro pigmented area will appear darker when first done and will fade over time, requiring touch ups and that touch ups vary for each individual.

_____ I understand that modifications required after the initial treatment and touch up will require additional costs

_____ I understand that there are no guarantees with any form of micro pigmentation

_____ I understand that there is a possibility my skin will reject pigmentation

_____ I understand that I will not be able to donate blood for 3 months after receiving a micro pigmentation treatment as per Red Cross Guidelines

_____ I understand that micro pigmented colour may change and fade over time, requiring colour correction. Sun exposure, exfoliants, medications, smoking, swimming pools and general health may all contribute to pigment changes.

_____ *For eyeliner services, I understand that I must refrain from wearing contact lenses, strip lashes and eyelash extensions for 1 week before and up to 2 weeks after the procedure.

_____ I understand that I must refrain from using any makeup on the treatment area for a minimum of 1 week after treatment.

I have read the above information. If I have any concerns, I will address these immediately with my technician. I give permission to Amaris Gamache to perform the micro-pigmentation/microblading procedure, and will hold she/her and her associates, spouse, heirs, executors, administrators, legal representatives and assigns harmless from all manner or actions, causes of actions, debts, accounts, bonds, contracts,

claims and demands for or by reason of any damage, loss or injury to my person which has been or may be sustained; as a consequence of the micro-pigmentation/microblading, procedure.

I have accurately answered the questions about and including all known allergies, prescription drugs, or products I am currently ingesting or using topically I understand the procedure and accept the risks. I agree that there is no guarantee towards the success and desirable results of this treatment and that results may vary according to each individual. I agree that this is NOT a permanent procedure and will require future treatments to maintain desirable results and that the ink colour may change with time, skin care, aging and sun exposure.

I agree that medical conditions that were present, disclosed or not disclosed at the time of this procedure, may affect the treatment performed today.

I agree that this constitutes as full disclosure, and that it supersedes any previous verbal or written disclosures. I certified that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered.

Initial: _____ Please avoid alcohol or caffeine, ginseng, Omega 3's and NSAIDS at least 12 hours before your treatment. If you have had even a single Herpes outbreak in your life you will be required to see your doctor take a prescription preventative treatment before any lip area procedure.

Client Signature _____

Professional Technician Signature _____

Date _____

TECHNICIAN NOTES:

Date	Area	Treatment	#	Pigments	Needle
Notes					

--	--	--	--	--	--

Date	Area	Treatment	#	Pigments	Needle
Notes					

--	--	--	--	--	--

Date	Area	Treatment	#	Pigments	Needle
Notes					

--	--	--	--	--	--