



Client Medical History Form

Today's Date: _____ Birthday: ____/____/____ Age _____
Name: _____ TXID# _____
Address: _____
Phone: _____ Email: _____
Tattoo Area: Eye Brows (Micro-Blading)
Brand of Ink: Bio Touch Pure ____/____/____/____
Emergency Contact: _____ Phone: _____

Do you have or previously had any of the following: (Circle YES or NO)

- Yes or No History of MRSA
- Yes or No Botox (Last Treatment _____)
- Yes or No Diabetes
- Yes or No Hepatitis A, B, C, D
- Yes or No Forehead/ Brow Lift
- Yes or No Easy Bleeding
- Yes or No Facelift
- Yes or No Alcoholism
- Yes or No Abnormal Heart Condition
- Yes or No Taken Medication Before Dental Work
- Yes or No Chemical Peel (Last Treatment _____)
- Yes or No Pregnant Now - Breastfeeding Now
- Yes or No Brow Lash Tinting
- Yes or No Autoimmune Disorder
- Yes or No Oily Skin
- Yes or No Cancer (Year _____)
- Yes or No Accutane or Acne Treatment
- Yes or No Chemotherapy/ Radiation
- Yes or No Tan by Booth or Salon
- Yes or No Tumors/Growth/Cysts
- Yes or No Difficulty Numbing with Dental Work
- Yes or No Taking Blood Thinning Such As: Aspirin, Ibuprofen, Alcohol, Coumadin, etc. _____
- Yes or No Allergies to Metals, Food, Latex, chlorhexidine gluconate, isopropyl alcohol, iron oxides, etc. _____
- Yes or No Any Diseases or Disorders Not Listed _____
- Yes or No Do You Use Skin Care Products Containing Retin-A, Glycolic Acid, or Alpha Hydroxyl?

Please list any medications you are taking: _____

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

Sign: _____ Date: _____



24 Hour Appointment Cancellation Policy

MG's Salon and Lash Studio has a 24 Hour cancellation/rescheduling policy. If you miss your appointment, cancel or change your appointment with less than 24 hour notice, you will be charged \$100.00.

This policy is placed out of respect for myself and my clients. Cancellations are difficult to fill with less than 24 hour notice. By giving me last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot.

By signing below, you acknowledge that you have read and understand the cancellation policy for MG's Salon and Lash Studio.

Thank you for your understanding and cooperation!

Print Name ■

Signature ■

Date



Possible Risks, Hazards, Dangers or Complications

- Pain: You may experience extreme discomfort and/or pain during this procedure.
- Infection: Infection is very unusual. The risk of infection and the Possibility of allergic reaction to the pigments or other materials used. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See “After Care” sheet for instruction on care.
- Uneven Pigmentation: This can result from poor healing, inflection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.
- Asymmetry: Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up session to correct any unevenness.
- Excessive Swelling or Bruising: Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1-5 days. Some people don't bruise or swell at all.
- MRI: Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.

*The alternative to these possibilities is to use traditional cosmetic and NOT undergo the Semi-Permanent Eyebrow procedure.

Consent and Release for procedures performed:

Sign: _____ Date: _____



Microblading Aftercare Instructions

It is essential that you follow these instructions after your microblading session:

- ❖ Day One (Day of Treatment): Keep the medical silicon band-aid on for 24 hours.
- ❖ Day Two: After 24 hours, gently wash off the medical silicone with lukewarm water. Be extra careful not to tug or scrub the brows.

After gently washing off the silicone, you can choose to apply post-care cream on your eyebrows several times a day. Apply the post-care cream with a cotton swab, and use no aggressive movement and/or manipulation of the skin. Make sure your hands are completely clean before caring for your eyebrows.

The following **must be avoided** during all nine days post-microblading procedure:

- ❖ Increased sweating
- ❖ Practicing sports
- ❖ Swimming
- ❖ Hot saunas, hot baths, or Jacuzzis
- ❖ Sun tanning or Salon tanning
- ❖ Any laser or chemical treatments or peelings, and/or any creams containing Retin-A or Glycolic Acid on the face or neck
- ❖ Picking, peeling, or scratching of the micro-pigmented area in order to avoid scarring of the aerator removal of the pigment.
- ❖ Performing tasks related to heavy household clearing such as garage or basement cleaning where there is a lot of airborne debris
- ❖ Spicy foods
- ❖ Smoking
- ❖ Drinking alcohol in excess, as it may lead to slow healing of wounds
- ❖ Driving in open air vehicles such as convertibles, boats, bicycles, or motorcycles
- ❖ Touching of the eyebrow except for when rinsing and applying post-care cream with a cotton swab
- ❖ Before showering apply a layer of post-care cream to protect your eyebrows from moisture. During the shower keep your face away from the shower head.
- ❖ Itching and flaking may appear during the first seven days post-micro-blading procedure. However, experience has shown that by following these after-care instructions, these symptoms may quickly disappear.
- ❖ The healing of deeper wounds might last between 14-21 days. Touch-ups and/or correction of the shape-design is recommended only after this period. (6 week touch-up)
- ❖ If you have any unexpected problems with the healing of the skin, please contact **Marcia Gonzales** immediately to discuss further instructions. Marcia can be reached on her cell phone via call or text: 📞 **469-879-8905**



♥ What to expect during and after your microblading session: ♥

Your new temporary eyebrow will go through several phases during the healing cycle. The pigment will appear very sharp and dark immediately after the procedure. This is because the pigment is still sitting on top of your skin, and has not yet settled in completely. The color of the pigment will soften gradually. Do not be alarmed if you see some pigment on the bottom swab, as this is excess pigment and/or body fluid that is naturally existing your skin.

Once the healing of the skin starts taking place, it will look like dandruff flakes or dry skin. This might give you the impression that the color pigment is fading too quickly, however, this is just superficial color and dry skin being natural removed from your eyebrows.

Once completely healed, always apply a layer of sunscreen SPF 30 up to SPF 50 on your eyebrows when exposed to the sun. Sun exposure might cause the color pigment to fade away more quickly.

Advice/Cautions: 🚫

Excessive Swelling: Although rare, excessive swelling or an allergic reaction may occur or infection. If excessive swelling or infection occurs, you should consult your doctor. If an allergic reaction causes difficulty in breathing and/or swallowing, call 911 or go to the emergency room immediately!

Please Follow These Tattooing After-Care Instructions:

1. For at least two weeks, minimize exposure to the sun, discourage swimming;
2. Properly cleanse the tattooed area;
3. Apply Antibiotic ointment or cream
4. Use sterile Bandage(s) or other sterile dressing(s) when necessary;
5. The client shall consult a health care practitioner at the first sign of infection, allergic reaction and report any diagnosed infection, allergic reaction, or adverse reaction resulting from the tattoo to the artist and to the Texas Department of State Health Service, Drugs and Medical Devices Group, at 1-888-839-6676



Statement of Consent and Recitals: Please read and initial all lines

_____ Aftercare instructions have been explained to me and a written copy has been given to me to retain in my possession, which I will follow to the best of my ability. If I have questions, I will call or email you.

_____ I understand that a certain amount of discomfort and pain is associated with this procedure, and that swelling, redness and bruising may occur.

_____ I understand the risk of infection and the possibility of allergic reaction to the pigments or other materials used.

_____ I understand that Retin A, Renova, Alpha Hydroxy and Glycol Acids must not be used on treated areas. They will alter the color and cause premature exfoliation of the pigment.

_____ I understand that tanning beds, pools, some skin care products and medications can affect my permanent makeup.

_____ I understand that successful color saturation can NOT be guaranteed due to hidden scar tissue.

_____ I will tell all skin care professionals or medical personnel about my permanent makeup procedures, especially if I am scheduled for an MRI.

_____ I accept the responsibility to explain to you by desire for specific colors, shape, and position for any procedure done today.

_____ I understand that implanted pigment color can slightly change or fade over time due to circumstances beyond your control, and I will need to maintain the color with future applications and a touch-up session within 60 days.

_____ I acknowledge that the proposed procedures involve risks inherent in the procedure, and have possibility of complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

_____ I have been advised that a touch-up session is highly recommended to make any adjustments to shape, color, and to fill any pigment that may have had poor retention. Touch-ups must be completed within 60 days of initial procedure.

_____ I have been quoted the cost of today's appointment, and the cost of the touch-up. Touch-ups must be completed within 60 days of initial procedure to be considered a touch-up price.

I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure(s). I have had the opportunity to ask questions, and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize Marcia Gonzales, as my Eyebrow Micro-stroking technician to perform on my body the 3D Eyebrow Micro-stroking procedure desired today.

Sign: _____ Date: _____



Consent and Release Agreement

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading, semi-permanent makeup application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is a process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed of after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a Touch-Up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional Touch-Ups are likely needed within 6 months to 2 years.

Photography Release Consent

We would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

Yes, feel free to use them **No**, please do not use them

Sign: _____ Date: _____
Email: _____
Phone: _____

Special requests, concerns or remarks for the artist:
