

CUSTOM CUT AND STYLE



MICROBLADING/PERMANENT COSMETIC PROCEDURE

Date _____ Birthdate _____
Name _____
Address _____
Phone _____ Email _____
Emergency Contact Person _____ Phone _____

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

YES NO History of MRSA (Methicillin-resistant Staphylococcus aureus)

YES NO Diabetes

YES NO Hepatitis A B C D

YES NO Easy Bleeding/Hemophilia

YES NO Abnormal Heart Condition

YES NO Taking blood thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin etc

If YES, within 48 hours? _____

YES NO Pregnant now – Breastfeeding now

YES NO Autoimmune disorder

YES NO Cancer (Year _____)

YES NO Chemotherapy/ Radiation (Completed when? _____)

YES NO Tumors/ Growth/ Cysts

YES NO Difficulty numbing with dental work

YES NO Skin diseases

YES NO Eczema

YES NO Are you prone to herpes?

YES NO Infectious diseases now/high fever now

YES NO Epilepsy

YES NO Do you have a pacemaker?

OFFICE USE ONLY:

Initial session tool: _____

Initial session pigment: _____

Touch-up session tool: _____

Touch-up session pigment: _____

YES NO Oily Skin

YES NO Accutane or acne treatment (Completed When? _____)

YES NO Botox (Last treatment _____)

YES NO Forehead/Brow Lift/Facelift (Date of procedure _____)

YES NO Chemical Peel (Last Treatment _____)

YES NO Brow Lash Tinting (Last Treatment _____)

YES NO Tan by booth or salon

YES NO Do you have problems with healing of wounds?

YES NO Have you consumed drugs or alcohol in the last 24 hours?

YES NO Did you undergo any surgery in the last 14 days?

YES NO Allergic reaction to **any** medications such as Lidocaine, Tetracaine, Epinephrine, Dermacaine, Benzyl Alcohol, Carbopol, Lecithin, Propylene Glycol, Vitamin E Acetate, etc _____

YES NO Allergies to metals, food, etc _____

YES NO Any diseases or disorders not listed _____

YES NO Do you use skin care products containing Retin-A, Glycolic Acid, or Alpha Hydroxy?

Please list any/all medications you are taking _____

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

INITIAL SESSION:

Signed _____ Date _____

TO BE SIGNED AT THE TOUCH-UP/PERFECTING SESSION:

All of the above still applies, if there are any changes, they are noted in the margins.

Signed _____ Date _____