

SEMI PERMANENT MAKE-UP

by Bella Terry

microblading consent form

section one || purpose of this form

This form is designed to give information needed to make an informed choice of whether or not to undergo a Microblading semi-permanent make up application. It is the responsibility of the client to read all five sections carefully and sign where needed.

If you have questions please do not hesitate to ask – get in touch at spmubybella@gmail.com

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

This is the process of inserting pigment into the dermal layer of the skin and is a form of tattooing.

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 to expect a touch-up after the healing is completed.

Initially the colour will appear much more vibrant or darker compared to the end result. Usually within 7 days the colour will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be touched-up within 6 months to 2 years.

section two || photography consent form

We would like your permission to use these photos for advertising. For example, in portfolios, websites, social media online and in print ads, etc. Your consent is necessary regarding this.

Please mark and indicate with your signature if you would like your photos used or not used in advertising.

Yes

No

signed

Click here to enter text.

date

Click here to enter text.

section three || client medical information

full name

Click here to enter text.

date of birth

Click here to enter text.

today's date

Click here to enter text.

patch test date

Click here to enter text.

email

Click here to enter text.

mobile

Click here to enter text.

*emergency
contact
name*

Click here to enter text.

*emergency
contact
number*

Click here to enter text.

please indicate if you currently have or have previously had any of the following;

History of MRSA Yes No

Botox (date of last treatment _____) Yes No

Keloid scars Yes No

Diabetes Yes No

Hepatitis (A,B,C,D) Yes No

Forehead/Brow lift Yes No

Easy bleeding Yes No

Face lift Yes No

Easy hyperpigmentation Yes No

Alcoholism Yes No

Abnormal Heart Condition Yes No

Take meds before dental work Yes No

Chemical Peel (date of last treatment _____) Yes No

Currently pregnant/breastfeeding Yes No

Brow or lash tinting Yes No

Autoimmune disorder Yes No

Oily skin Yes No

Cancer (year _____) Yes No

Accutane or acne treatment Yes No

Chemotherapy/radiation Yes No

Tan by booth or sun Yes No

Difficulty numbing with dental work Yes No

please continue to indicate if you currently have or have previously had any of the following and add notes where necessary;

Taking blood thinners; (such as Aspirin, Ibuprofen, Coumadin etc) Click here to enter text.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Allergic reaction to any medications, metals etc; Click here to enter text.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any diseases or disorders not already listed; Click here to enter text.	
Do you use skin care products containing Retin-A, glycolic acid or alpha hydroxyl?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list medication or vitamins you're currently taking; Click here to enter text.	
Please note any additional requests, information, allergies, health issues or concerns that will be useful to your technician; Click here to enter text.	

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

signed Click here to enter text.

date Click here to enter text.

section four || possible risks, hazards or complications

- ♥ Pain: There can be pain even after the topical anaesthetic has been used. Anaesthetics work better on some people than others.
- ♥ Infection: Infection is very unusual. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. Refer to the Aftercare Information sheet for instructions.
- ♥ Uneven Pigmentation: This can result from poor healing, infection, 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 and swell more than others. Ice packs may help and the bruising and swelling typically disappears with 1-5 days. Some people don't bruise or swell at all.
- ♥ Anaesthesia: Topical anaesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these please inform me now.
- ♥ 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 technician of any tattoos or permanent cosmetics.
- ♥ Allergic Reaction: There is a small possibility of an allergic reaction. You may take a 5-7 day patch test to determine this.

Please indicate your decision on the patch test: Waive or Take

The alternative to these possibilities is to use cosmetics and not undergo the Microblading procedure.

Consent and release for procedures performed:

signed Click here to enter text.

date Click here to enter text.

section five || statement of consent and procedure permit

Please check the box once read and understood

- If any unforeseen condition arises in the course of this procedure(s), calling in her judgement in addition to, or different from the now contemplated, I further request and authorise Bella Terry to do whatever she deems advisable and necessary in these circumstances.
- I fully understand, as with all such procedures that this is not a science but rather an art. Depending on the procedure(s) selected, I accept responsibility for determining the colour, shape and position of the lip colouring as agreed during the course of my consultation.
- It is understood that a sensitivity (patch) test is available to me and it has been recommended to me by my technician prior to procedure for pigments and topical anaesthetics. The purpose of the test is to detect allergic or other reactions. I understand that if I waiver the test that it is at my own risk if any allergy or react occurs.
- I have been quoted and agreed to the cost of today's appointment.

I certify that I have read or have had read to me the contents of this form and given all relevant personal health information to the best of my knowledge. I understand the risks and alternatives involved in this procedure(s) and 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 Bella Terry at SMPU by Bella, as my technician to perform on my body the Microblading procedure desired today.

signed Click here to enter text.

date Click here to enter text.