

## MICROBLADING CONSULTATION QUESTIONNAIRE

The purpose of this consultation is to educate the inquiring client on what microblading is, what to expect from the procedure and to ensure the client is a proper candidate for microblading — not everyone is a candidate. There is also a lot of misleading information on the internet about microblading. This consultation should clear up any questions or misinformation regarding the procedure.

Important things to know:

**MICROBLADING IS A TATTOO.** It utilizes a manual tool to deposit pigment into the skin to create the look of “hair-like” strokes in the brow area. Although it is referred to as “semi-permanent,” this does not mean that if you have the microblading done and decide you don’t want it anymore, that it will fade completely in 12-18 months as if it never happened. It is a tattoo, therefore pigment from the procedure might remain in the skin **indefinitely**. However, the pigment does lighten / fade gradually over time, which is why microblading requires annual “color boosts” to refresh the color and darken strokes that have faded.

The condition of your skin can have a huge impact on the results of microblading. The healthier the skin, the better the result. If you do not have a current skin care routine, it is highly recommended to have an exfoliating facial or microdermabrasion prior to microblading to exfoliate any dead skin build up which can have a negative affect on the microblading. It is not required, but from experience, skin that is not in good condition have not had the best results with microblading.

**Please circle Y for YES or N for NO for the following questions:**

- |   |   |  |
|---|---|--|
| Y | N | Have you ever had keloid scar? (a scar that heals raised)                        |
| Y | N | Do you bleed easily?   |
| Y | N | Do you take any blood thinners?  |
| Y | N | Do you have any illness or condition that puts you at a higher risk of infection |
| Y | N | Do you suffer from psoriasis, eczema or dermatitis anywhere on your face?        |
| Y | N | Are you pregnant or nursing?   |

**Please circle if you have any of the following conditions:**

- |                      |                                      |                     |
|----------------------|--------------------------------------|---------------------|
| Diabetes Type 1 or 2 | Liver Disease                        | Auto-immune disease |
| High blood pressure  | Undergoing chemotherapy or radiation |                     |

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Print Name

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Date

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Signature



# CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING EYEBROWS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Best Phone Contact: \_\_\_\_\_

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

List any medications you have been taking in the past 6 months: \_\_\_\_\_

Age \_\_\_\_\_ Have you received chemotherapy or radiation in the past year? \_\_\_\_\_

**Have you ever had an allergic reaction to any of the following (please circle):**

- |       |           |          |            |          |             |
|-------|-----------|----------|------------|----------|-------------|
| Latex | Lanolin   | Vaseline | Medication | Metals   | Hair Dyes   |
| Foods | Lidocaine | Paints   | Crayons    | Glycerin | Epinephrine |

**Please list any other allergies:** \_\_\_\_\_

**Have you ever had a cold sore?** Yes No

If yes, contact your physician for a preventative prescription capsule to prevent a cold sore.

**Are you currently taking supplements/medication that thins the blood?** Yes No

**Are you currently under the care of a physician?** If yes, please explain: \_\_\_\_\_  
Physician's Name \_\_\_\_\_

**Do you take antibiotics when going to the dentist?** If yes, why? \_\_\_\_\_

**Have you ever had one of the following (please circle):**

- |                      |          |                              |                         |                              |
|----------------------|----------|------------------------------|-------------------------|------------------------------|
| Hair Loss            | Anemia   | Sensitivity to cosmetics     | Prolonged bleeding      | Diabetes                     |
| Trichotillomania     | Epilepsy | Artificial Heart Valve       | Low Blood pressure      | High Blood Pressure          |
| Hemophilia           | HIV      | Fainting spells or dizziness | Circulatory Problems    | Hypertrophic or keloid scars |
| Liver Disease        | Alopecia | Tumors, growths, cysts       | Botox/filler injections | Hepatitis                    |
| Thyroid disturbances | Cancer   | Healing problems             | Do you scar easily?     | Do you bruise/bleed easily?  |

**What would you like to improve about your eyebrows?** Consider shape, color, density, thickness...  
\_\_\_\_\_

**\*Please read the following statements carefully.** Microblading is a way of cosmetic tattooing, intended to be semi-permanent lasting average 12-18 months. The pigment may migrate under the skin, immediately or over time. The procedure may be uncomfortable. Although rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur. **Permanent cosmetics cannot be performed if you are pregnant or nursing, or anyone under the age of 18.** Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/discuss with your doctor. Possible scarring may occur.

**\*I have received after care information and I'm fully aware of the after care procedures. I fully understand the information provided above & confirm that all information provided by me is correct and truthful.**

Client's Name \_\_\_\_\_ Client's signature \_\_\_\_\_ Date \_\_\_\_\_

Technician's Name Rachel Gabriella Sestito Technician's signature \_\_\_\_\_ Date \_\_\_\_\_

**For therapist use - Note pigments/blades used for this client** \_\_\_\_\_