



Microblading Medical History Form

Today's Date: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Name: _____ Email: _____

Home Address: _____

No. & Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Occupation: _____

Are you now or have you been under the care of a physician within the last two years? _____

If yes, please provide the physician's name and phone number. _____

Person to contact in an emergency: _____

Name Phone No.

List all medications you are currently taking, including Retin A, Glycolic Acid and Accutane:

Circle any conditions you have ever had:

Artificial Heart Valves	Tuberculosis	Thyroid Disturbances	Tumors/Cyst/ Cancer
Graft	Chemotherapy/Radiation	Cold sores/Canker sores	Prosthetic Hip or Joint
Heart Conditions	Hepatitis	Artificial Joints	Fainting
Anaphylaxis	Nerve Damage	Aids/ HIV Positive	Heart Murmur
Asthma	Rheumatic fever	Anemia/Hemophilia	Psychiatric Care
Blood disease	Fever	Atopic (Allergy Phone)	Shingles
Cancer	Respiratory Disease	Herpes	Skin Rash
Low Blood Pressure	Psoriasis	Prolong Bleeding	Circulatory Problems
Liver disease	High Blood Pressure	Glaucoma	Diabetes
Stomach Ulcers	Epilepsy	Stroke	Kidney Disease
Pacemaker/Heart Surgery	Organ Transplant		

Please Circle any allergies you have:

Latex	Nickel	Antibiotic Ointment
Benzocaine	Bacitracin	Lidocaine
Tetracaine	Novocain	Epinephrine

Signature: _____ Date: _____



Consent Form: Micropigmentation

I, _____, as a client, have requested that you describe the procedure to be utilized so that I may make an informed decision as to whether or not to undergo the procedure.

You have described the recommended procedure to be used as Micropigmentation implantation, the process of implanting micro insertions of pigment into the dermal layer of skin. Micropigmentation implantation is a form of tattooing used for the purpose of permanent cosmetic makeup and skin imperfection camouflage.

I voluntarily request that A Little Skin Studio LLC use the technical assistance deemed appropriate to perform the Micropigmentation implantation on my eyebrow area.

I agree to (circle one):

RECEIVE or **WAIVE** a patch test prior to application. I agree to the Micropigmentation implantation and I agree to release A Little Skin Studio LLC, and pigment manufacturer(s) from any and all liability related to allergic reaction or any other reaction to applied pigments. A patch test is the process of applying pigment to the skin in the hairline to test for an abnormal reaction. If a patch test is required, your appointment will be delayed 8 days to allow for reaction results.

Please Initial:

____ I hereby authorize A Little Skin Studio LLC to take photographs of the work performed both before and after treatment, and I further authorize the use of said photographs to be used for advertising.

____ I hereby authorize A Little Skin Studio LLC to take photographs of the work performed both before and after treatment to be maintained for my private client file.

____ I have informed A Little Skin Studio LLC that I am in good health and not under the care of any physician.

____ I understand that this description of the procedure is not meant to scare or alarm me. It is simply an effort to make me better informed so that I may give or withhold my consent for this procedure.

____ I understand that there may be known and unknown risks and hazards related to the performance of the procedure planned for me and I understand that no warranty or guarantees have been made to me as to the results.

____ I acknowledge that the manufacturer of the pigment to be applied requires spot testing and specifically disclaims any responsibility for any adverse reaction to applied pigments. I understand spot testing may identify individuals who develop an immediate allergic reaction to the pigment.

____ I understand that allergic reactions to pigment are very rare, however they can and do occur. Some reactions can be serious and in rare cases difficult to treat.

____ I have been told that this procedure may involve pain and/or discomfort.

____ I understand the markings are semi-permanent and that there is a possibility of hyper pigmentation resulting from the procedure, especially in individuals prone to hyperpigmentation from a scar or other injury.



____ I understand that a follow up procedure is required. Follow up procedures are to be used within 4 to 6 weeks of initial appointment. Cancellation of a follow up appointment must be done within 48 hours of procedure, or a cancellation fee will be incurred. If follow up appointment is either cancelled, I become a no show, or I take my appointment after 8 weeks of the initial procedure, I acknowledge that the follow up appointment is no longer considered "included in initial fee", but is now a fee of \$125 paid at the time of procedure.

____ Other risks involved with the procedure may include, but are not limited to: infections, allergic and other reactions to products applied during and after the procedure planned for me.

____ I understand that there is a No Refund policy on Micropigmentation implantation. If my pigment does not adhere or requires further touchups, I agree to contact A Little Skin Studio LLC for further discussion on additional applications. However, I am fully aware that refunds will not be granted.

____ I agree that payment in full is rendered upon completion of the session.

____ I have agreed that should I have a complaint of any kind whatsoever, I shall immediately notify A Little Skin Studio LLC, and I further agree that any controversy or claim relating to the signed consent and /or any signed contract between myself and A Little Skin Studio LLC or the breach thereof, shall be settled by arbitration in the state of North Carolina in accordance with Rules of the American Arbitration Association and judgement of the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

____ I understand that if I have an infection, adverse reaction or allergic reaction to the procedure I must notify A Little Skin Studio LLC, a health care practitioner, North Carolina Department of Health, Drugs and Medical Devices Division 1-888-839-6676.

____ I have read and understand the contents of each item above. I acknowledge that this is a contract and that I have received no warranties or guarantees with respect to the benefits to be realized from, or consequences of, the Micropigmentation implantation procedure. I further acknowledge that at the time of signing this consent to this procedure, I was of sound mind and capable of making independent decisions for myself and that no one has coerced me into making this decision. I also agree not to hold A Little Skin Studio LLC, and/or anyone who may be assisting liable for any reactions, outcomes or occurrences that may or may not result from having this Micropigmentation implantation procedure.

Signature: _____ Date: _____



What to Expect: Micropigmentation

Please initial:

_____ Micropigmentation implantation will appear extremely intense and thick immediately after the procedure. The color will appear darker for the first few days. Other ingredients are added to the permanent makeup pigments to counteract the undertones of facial skin. Browns can look orangish-brown, blonde brows may look too yellow. Excess pigments shed off over the next 2-3 days, as the skin begins to heal. Mild scabbing in the brow area begins to occur on or about day 3 lasting up to 7 days. A layer of healed skin on top of the pigment masks and tones it down considerably. As swelling goes down, the lines will begin to look thinner and more precise. Colors will continue to soften over the next few weeks. The brows will look natural within 4-6 weeks of the procedure.

What's normal with Micropigmentation implantation?

Please initial:

_____ Treated area will flake. You may experience mild itching for the first 7-10 days.

_____ When applying ointment, some pigment will come off on the Q-tip or cotton.

_____ Everyone's body chemistry is different. Depending on anti-aging products used, sun exposure, smoking, prescription medication, skin texture, skin complexion, and immune system, some pigments may fade more than others. If your permanent makeup fades, lightens, and or is nonexistent please do not panic. During your touchup appointment, modifications can be made to adjust the procedure to your situation. *** Please note that Micropigmentation implantation is at least a 2-step process. Therefore, loss of pigment is normal with some individuals.

_____ Final healed results occur between 4-6 weeks. **UNDER NO CIRCUMSTANCES WILL YOU BE ALLOWED TO GET A TOUCHUP BEFORE THIS TIME.** Performing a touchup too early could cause scarring and permanent damage to the brow area.

Failure to follow post treatment instructions may cause loss of pigment, discoloration, or infection. Remember, colors appear brighter and more sharply defined immediately following the procedure. As the healing process progresses, color will soften. Final results cannot be determined until healing is complete. Additional fees will apply for touchups 8 weeks after the initial procedure.... **PLEASE FEEL FREE TO CALL IF YOU HAVE ANY FURTHER QUESTIONS.**

Enjoy your beautiful new brows!

A Little Skin Studio