Microblading Consent Form

CLIENT INFORMATION

Full name: _____ **Date of birth:** _____ dd / mm / yyyy

Age: _____ **Gender:** _____

Address: _____ **Contact number:** _____

Email: _____

MEDICAL HISTORY

Do you have any allergies?

◯ Yes ◯ No

If yes, please specify:

Are you pregnant or breastfeeding?

◯ Yes ◯ No

Do you have any skin conditions (e.g., eczema, psoriasis)?

◯ Yes ◯ No

If yes, please specify:

Are you currently taking any medications or supplements?

◯ Yes ◯ No

If yes, please list:

PROCEDURE INFORMATION

I acknowledge that microblading is a semi-permanent cosmetic procedure that uses fine tools and pigments to enhance the appearance of eyebrows. I understand the procedure involves creating hair-like strokes to achieve natural-looking results.

POTENTIAL RISKS AND COMPLICATIONS

I understand that while complications are rare, the procedure involves potential risks, including, but not limited to: Temporary redness or swelling, Infection due to improper aftercare, Allergic reactions to pigments or tools, Scarring, granulomas, or keloids, Uneven pigment retention or migration

CONSENT AND AGREEMENT

I confirm that I: Have disclosed all relevant medical history and allergies. Understand the procedure, its risks, and the expected results. Agree to follow the aftercare instructions provided by the technician. Acknowledge that results may vary depending on individual skin type, healing process, and adherence to aftercare. By signing below, I provide my informed consent for the microblading procedure.

Client's signature:

Date: _____ dd / mm / yyyy

Technician's signature:

Date: _____ dd / mm / yyyy