



BEAUTY SECRETS SPA
by Bejen

MICROBLADING / MICROSHADING TREATMENT CONSENT FORM

Full Name: _____

Address: _____

Cellphone: _____ Email: _____

Skin Specialist: _____

Spa Location: _____

Treatment Options: MICROBLADING MICROSHADING

Microblading is a semi-permanent makeup method; the technique is natural feathering of hair-like strokes directly on the skin's surface that creates natural looking eyebrows. 3D Eyebrow Microblading creates the background and fills in the areas of the eyebrows that looked empty so that a full and complete look is accomplished. The "3D" effect added realism to the end result. Unlike a traditional eyebrow tattoo, 3D Eyebrow Microblading does not leave a flat, dull and fake look that tattoos leave behind and is a MUCH SAFER treatment. The 3D Eyebrow Microblading method can fill in sparse brows or create an entire brow, which makes it the perfect procedure for Men and Women.

Microshading stands for a semi-permanent makeup treatment that involves inserting specialized pigments under the skin in a gradient pattern, creating an airbrushed look. The technique it uses for achieving such misty brow results is made up using a tool with needles that creates a pin-like dots.

Medical History, please indicate that applies:

Pregnancy lactation asthma Psoriasis, Cutaneous Pigmentation, Dermatitis, Melanoma, Vitiligo, Skin Graft/Burns Cancer (or radiation/chemotherapy), wounds Epilepsy Herpes Diabetes/diabetic Keloid scarring/hypertrophic scars Kidney Disease Tattoos or micro-pigmentation Steroid or Hormonal Therapy Hormonal imbalance high blood pressure blood clots vascular disease heart disease birth control

Pre-treatment Questionnaire:

Is this the first time you have received a Semi - Permanent Makeup Procedure? YES NO,
Please specify:

Please indicate if you have had any brow services performed within the last 72 hours:

- Threading
- Waxing and/or Sugaring
- Tweezing
- Other:

Do you tint your brows? YES NO, Please specify:

Are you currently under the care of a physician? YES NO, Please specify:

Have you consumed any caffeine, alcohol, aspirin and / or non - steroidal anti - inflammatory drugs (NSAIDs) in the last 24 hours? YES NO, Please specify:

Have you used any Alpha Hydroxy Acid (AHA) or glycolic products in the past 4 weeks? YES NO, Please specify:

Are you using Retin – a, Renova or Accutane (an oral form of Retin – a)? YES NO, Please specify: _____

Are you using any other skin thinning products and / or drugs? YES NO, Please specify:

Have you ever had an allergic reaction to any of the following? (check all that apply)

- Latex
- Aspirin
- Tattoo Pigment
- Lidocaine
- Benzocaine
- Tetracaine
- Hydrocortisone

Other allergies: What reaction does your allergy cause?
Please specify:

What oral medications and dosage are you presently taking?
Please specify:

What Vitamins or Supplements are you taking?
Please specify:

What topical medications, cleansers, or, creams are you currently using on your face?
Please specify:

Have you recently had treatments such as facials, peels, microdermabrasion, etc. on your face?
 YES NO, Please specify:

Do you form thick or raised – scars from cuts or burns? YES NO

Do you get Hyper – pigmentation (darkening of the skin), Hypo – pigmentation (lightening of the skin) or marks after physical trauma? YES NO

Have you had any recent tanning or sun exposure that changed the color of your facial skin?
 YES NO

Are you able to keep your eyes closed and lie still for up to 4 hours or longer? YES NO

Treatment Agreement:

By signing this consent, I understand and agree as follows:

I undertake to inform at all times about my state of health to the skin specialist. According to this, I declare that I have not omitted any changes of medical history. If I undergo any changes during treatment, I will let the skin specialist know, so that timely measures can be taken. Hereby declare that I am the one who requesting the Microblading and/or Microshading treatment and that it was not the person in charge of performing it who convinced me of receiving the Microblading and/or Microshading Treatment. I certify that I have read all the information and accept its contents. I certify that I have had the opportunity to ask about every aspect that I didn't understand at the beginning and I received timely explanations. I understand all the information about the treatment and procedure. If the client is a minor, I, legal guardian for minor, consent to treatment is done and confirm what was stated above.

I understand that all treatments are non-refundable, and a \$35 deposit is required to schedule the first appointment, which will be credited towards the treatment. Any appointment missed, late cancelled, or changed without 48-hour notice will result in a charge equal to the \$35.00 deposit meaning that it will not be credited towards the treatment. In addition, I understand that I am required to pay 50% of the full treatment cost after my first appointment.

Date _____ of _____ 20_____

CLIENT SIGNATURE: _____