



**CLIENT MEDICAL HISTORY,
AFTERCARE AGREEMENT & CONSENT
FOR THE APPLICATION OF
INTRADERMAL COSMETICS**

NAME _____ DOB _____

PHONE NUMBER _____ EMAIL _____

ADDRESS/CITY/STATE/ZIP _____

EMERGENCY CONTACT NAME & NUMBER _____

PROCEDURE: MICROBLADING

NUMBER OF SESSIONS _____ PERFECTING SESSION _____ PRICE \$ _____

MEDICAL HISTORY:

	YES	NO
Diabetes		
Hepatitis (A,B,C,D)		
Aids / HIV		
Hemophilia (or any bleeding disorder)		
Alcoholism		
Serious heart condition		
Pregnant / Nursing		
Autoimmune Disorder		
Chemotherapy / Radiation		
Blepharoplasty (eyelid surgery)		
Allergies to metals / food / latex		
Forehead / Brows Lift		
Eye Surgery / Injury / Corneal Abrasion		
Oily Skin		
Accutane or Prescription acne treatment		
Taking blood thinners (alcohol / aspirin / ibuprofen)		
Chemical Peel		
If yes, when?		
Difficulty numbing		
Allergic reaction to medications such as Lidocaine, Tetracaine, etc		
If yes, what?		
Currently taking an prescription drugs		

If yes, what?		
History of Staph Infection		
Cancer		
If yes, when?		
Botox		
If yes, when?		

Do you have any other health problems or medical conditions?
Please list:

By signing I acknowledge that this agreement is a true and accurate statement of my Medical History, past and present. I am aware that failure to disclose information pertinent to my treatment could have serious health ramifications. I am also aware that failure to disclose information pertinent to my treatment could have a direct bearing on treatment outcome.

CLIENT _____ DATE _____

Parlor

BEAUTY BAR

AFTERCARE AGREEMENT:

Please follow these instructions for the best and longest lasting results. What you should avoid until _____: (7 days from today's date)

- Sweating
- Stay out of direct sunlight
- Working out, swimming, saunas, and hot baths
- Laser and chemical treatments or peels on your face
- Retin-A and glycolic acids
- Touching, picking, or scratching at or around the newly pigmented area of the face

- Excessive drinking or smoking (may prolong your healing process)
- NO MAKEUP ON OR AROUND NEW COSMETIC TATTOO!**

(If you have an afternoon appointment, begin your aftercare the next morning)

Follow the steps below twice a day for 7 days to treat and clean

---Once in the **morning**, after you wake-up and once in the **evening**, before going to bed---

Step 1: Wash your hands

Step 2: Cleanse with water and **antibacterial soap ONLY!** (Using anything else will put you at risk of losing pigment)

Step 3: Gently pat dry, **DO NOT RUB YOUR FACE**

Step 4: Apply bacitracin to dry area using a cotton swab, or clean fingers

If you have any questions regarding the healing process of your new cosmetic tattoo or the aftercare instructions, please email parlorbeautybar@gmail.com

By signing I acknowledge that I have received, understand and have had the opportunity to ask any questions I may have. I am aware that failure to follow the 7-10 day Aftercare Instructions information could have serious health ramifications and may affect how well the skin retains the pigment from the procedure(s).

CLIENT _____ DATE _____

PLEASE READ & INITIAL EACH SECTION OF CONSENT:

_____ I am over the age of 18, not under the influence of drugs or alcohol, and not pregnant or nursing. The general nature of cosmetic tattooing, as well as the specific procedure to be performed, has been explained to me and I authorize my consent for said procedure(s).

_____ I understand there is a possibility of an allergic reaction to pigments and it is my responsibility to express any concerns I may have. I will request a patch test; otherwise, I release the technician from any liability resulting from said procedure(s).

_____ I understand permanent cosmetics may be affected by skin treatments, laser hair removal, plastic surgery or any other skin altering procedures. I acknowledge some of these potential adverse changes may not be correctable.

_____ I have received pre and post-procedure instructions. I understand that my failure to follow these instructions will jeopardize my chances for a successful procedure.

_____ For valuable consideration, in the form of publicity, and other forms, receipt of which is hereby acknowledged, I hereby unequivocally consent to the commercial and non-commercial use, reuse and publication and any other exploitation now known or hereafter developed, in the entire world, by Parlor Beauty Bar, LLC., and/or its respective licensees, agents and assigns. I further agree that my photograph/image in original, modified or edited form may be commercially used and/or exploited in whole or in part, with whatever visuals, copy, or other elements Parlor Beauty Bar, LLC, its licensees, agents or assigns may determine without any additional inspection or approval by me. I further agree that all materials produced hereunder are and will remain the property of Parlor Beauty Bar, LLC, including the copyright therein.

_____ I acknowledge, agree and understand that in no event shall deposits, tips, and/or any monies paid for Microblading services be refunded to you.

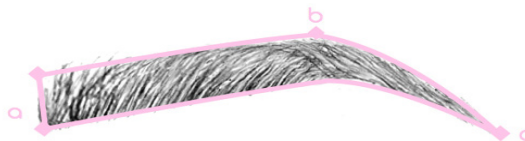
_____ I have been informed of the nature, process, and adverse effects of permanent skin pigmentation. Based upon skin type and lifestyle, this procedure may result in varying degrees of, including but not limited to: infection, scarring, color and spreading, fanning or fading of pigments.

By signing this agreement I acknowledge that I have read and understand the consent for application. I have been informed of the nature, risks and possible complications and consequences of said procedure(s).

CLIENT _____ DATE _____
TECHNICIAN _____ DATE _____

Please complete the Corrective Consent Form if you have had **any cosmetic tattooing in the past*

Below line is to be completed by technician only:



COLOR:

ADDITIONAL NOTES:

