



**Semi-Permanent Makeup Consent Form
Microblading/Ombre'/ Combo Brows**

Date: _____

Name: _____
Last First M.I

Birthdate: _____ Age: _____ Sex: M/ F
Month/Day/Year

PAST MEDICAL HISTORY (Please Check)

Do you now have or have you ever had:

- | | | |
|---------------------|---------------------|-------------------------|
| Diabetes | Heart murmur | Crohn's disease |
| High blood pressure | Pneumonia | Colitis |
| High Cholesterol | Pulmonary embolism | Anemia |
| Hypothyroidism | Asthma | Jaundice |
| Goiter | Emphysema | Hepatitis |
| Cancer (type) | Stroke | Stomach or Peptic ulcer |
| Leukemia | Epilepsy (seizures) | Rheumatic fever |
| Psoriasis | Cataracts | Tuberculosis |
| Eczema | Herpes | Skin Diseases |
| Allergies to Metals | Hepatitis | HIV/AIDS |
| Heart Problems | Kidney disease | Angina |
| Kidney Stones | Heart Problems | |

Other medical conditions (please list):

Are you currently taking any blood thinners (Aspirin, Ibuprofen, Alcohol, Coumadin)? _____

Are you allergic to any medications?

Are you pregnant? _____

What topical medications, cleansers or treatments are you using? _____

Please Initial below:

I certify that the preceding medical, personal, and skin history statements are true and correct. _____



I am aware that it is my responsibility to inform the technician, of my current medical or health conditions and to update this history. _____

A current medical history is essential for the permanent makeup technician to execute the appropriate treatment procedure. _____

I acknowledge and understand that there are possible material risks of the procedure (s) being performed. By signing this form, I hereby voluntary request and consent to the performance of the procedure (s) referred to herein.

Signature

Date