

Emily Jane

at The MediClinic

Microblading & Ombre Brows Consultation & Consent Form

Client Name: _____

DOB: _____

Contact number: _____

Date: _____

Address:

All Semi- Permanent make-up involves minor breakage of the skin's surface and could complicate some medical conditions. Please read the following information carefully and if any of these conditions apply to you, you must declare them to the practitioner during the consultation.

In some cases written medical consent may be required before going ahead with the treatment. Colour durability, shape and pre and post care information will be discussed with you during the consultation.

Do any of the following apply to you?

Eczema / Psoriasis

High/low blood pressure Haemophilia

Heart Disorders

Pregnancy/breast feeding

Epilepsy

Diabetes

Auto immune disease

Cancer Treatment/Radiotherapy /Chemo Hepatitis C

Keloid Scarring

Currently taking blood thinner medication/Aspirin

Any other Medical
Conditions; _____

Are you currently taking any regular medication or have done in the last 6 months? If yes please state: _____

Do you have any allergies? If yes please state _____

Please circle which best describes your skin type:

Dry

Combination

Oily/Breakout prone

What sort of results/effect would you like to achieve for your eyebrows?

How did you first hear of Emily Jane at The MediClinic? _____

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Treatment cannot be undertaken on anyone under the influence of alcohol or drugs, general illness, or any visible evidence of skin disorders or skin conditions on the area to be treated.

All pigments used during the treatment are supplied by Branko Babic Microblading Academy and fully comply with EU regulations. Colours are of inorganic and synthetic organic origin. Any foreign body applied under the skins surface could provoke side effects in the form of allergies or itching, out of 10,000 clients treated with these pigments 0 had any side effects.

Colour retention and durability of the pigment varies from person to person and depends upon many of the following factors:

- Very dry skin
- Excessively oily skin
- Facial treatments that regenerate the skin (e.g Peels, laser, microdermabrasion)
- UV light exposure
- Not following aftercare procedures

Following all the advice provided will ensure you have the best possible long-lasting results, however results cannot be 100% guaranteed.

This treatment requires 2 appointments for completion; the initial treatment and a 4-6 week follow up appointment. In the unlikely circumstance you feel you need a second Top Up following initial treatment a £60 charge will incur to cover costs.

I confirm I have read all the above information and completed this form truthfully to the best of my knowledge and discussed it with my practitioner. I consent to social media usage of my before & after pictures, all other client information will remain private & confidential.

I have been made fully aware of pre and post treatment care and agree to follow this. Possible side effects following the treatment have been explained. I consent to the procedure and take full responsibility for any potential medical consequences resulting after the treatment particularly if there is something that I have not disclosed.

Client Signature: _____

Client Name: _____

Date: _____

Practitioner use:

Patch test area and date:

Patch test result:

Equipment used:

Pigment used:

Practitioner comments:

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After Care Follow Up Record

I re consent to the treatment and confirm there are no changes to the medical information I have provided previously.

Client Name: _____

Client Signature: _____

Date: _____

Practitioner use:

Practitioner comments:

Equipment used:

Pigment used: