



# Client History Form

3D Microblading & Eyeliner

Simply You Wellness Spa  
213 East Criss Street  
Massena NY 13662  
P: 315.769.9319

Name: \_\_\_\_\_  
Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Referred By: \_\_\_\_\_  
Procedures: \_\_\_\_\_

## EYES/EYEBROWS

### ALLERGIES

\*\*\*Contact lenses must be removed for an eyeliner procedure

Anesthetics: \_\_\_\_\_ Polysporin Ointment: \_\_\_\_\_  
Dry Eyes: \_\_\_\_\_ Glaucoma: \_\_\_\_\_  
Latex Gloves: \_\_\_\_\_ Paba (sunscreen): \_\_\_\_\_  
Blurred Vision: \_\_\_\_\_ Thyroid Conditions: \_\_\_\_\_  
Other: \_\_\_\_\_

### ALOPECIA

Other Eye Disorders: \_\_\_\_\_  
Cosmetic Injections – Botox, etc.: \_\_\_\_\_  
Surgery – Laser Vision Correction, if so, when: \_\_\_\_\_  
Surgery – Blepharoplasty (eye lift), if so, when: \_\_\_\_\_

### GENERAL

Are you in good general health?: \_\_\_\_\_  
Diabetes: \_\_\_\_\_ Pregnant: \_\_\_\_\_ High Blood Pressure: \_\_\_\_\_  
Blood Thinners/anticoagulants, aspirin, ibuprofen, coumadin: \_\_\_\_\_  
Mitral Valve Prolapse or Valve Implants: \_\_\_\_\_  
Autoimmune Disorders: \_\_\_\_\_  
HIV, have you ever been tested?: \_\_\_\_\_ Tested Positive: \_\_\_\_\_  
Hepatitis A, B, or C: \_\_\_\_\_  
Bruise Easily: \_\_\_\_\_ Do you have a tattoo: \_\_\_\_\_ Easy Bleeding: \_\_\_\_\_  
Do you have any serious medical conditions?: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Do you use Retin A, Hydroxyl (Glycolic) Acid? YES \_\_\_ NO \_\_\_ These products fade tattooed areas  
Are there any areas of concern not mentioned?: \_\_\_\_\_  
Is there any history of: skin cancer (type) \_\_\_\_\_ (year) \_\_\_\_\_, melanoma, rosacea, acne, hyper pigmentation – pigmented spots, hypo pigmentation – vitiligo, scars, keloids, eczema, psoriasis, lupus, use of Accutane or acne treatment (Y/N – year) \_\_\_\_\_, oily skin, tanning by booth or sun.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Technician

## **Client General Consent & Information**

*\*\*\*All areas below must be initialed before any treatment will be performed*

**Discomfort:** Discomfort is usually mild. Each person's tolerances are different. I consent to the application of topical anesthetic, to manage any discomfort. \_\_\_\_\_

**Swelling:** Swelling in the area of treatment is minimal to moderate and usually subsides within a few days. \_\_\_\_\_

**Bruising:** This may occur and, if so, usually resolves within a few days. Bruising that lasts more than a week is very uncommon. \_\_\_\_\_

**Initial Darkness of Pigment:** Immediately following this procedure, my micro pigmentation may appear dark. This color will fade over a few weeks and then heal into this lighter final color. \_\_\_\_\_

I realize that variations in color will occur. I understand that if my skin color is dark, the colors will not appear and show as much compared to lighter skin. \_\_\_\_\_

I understand that although efforts will be made to match the color I desire, the final color will not match exactly. Usually, the final color is close. It is unlikely, but possible, that the color may be significantly different than what I had wanted or expected when it is healed. It is generally always lighter. \_\_\_\_\_

**Reaction to the Pigment:** Reactions are extremely rare; however, it is possible to develop an allergic reaction to the pigment, such that the treated area becomes very swollen, red, and inflamed for days, weeks, months, or longer. I acknowledge it is not reasonably possible for the technicians of Simply You to determine whether I might have an allergic reaction to the pigments or processes used in my tattoo, and I agree to accept the risk that such a reaction is possible. \_\_\_\_\_

**Infection:** It is extremely unlikely but may occur. I acknowledge that infection is always possible as a result of obtaining a tattoo, particularly in the event that I do not take proper care of my tattoo. I do not have medical or skin conditions such as, but not limited to, acne, scarring (keloid), eczema, psoriasis, freckles, moles, or sunburn in the area that is to be tattooed that may interfere with a tattoo. If I have an infection or visible rash anywhere on my body, I have advised the technician. \_\_\_\_\_

**Cold Sore:** An outbreak of herpes (cold sores) may occur in some individuals. I will inform the staff prior to the procedure if I have a history of cold sores. This is essential for all lip procedures, as a prophylactic, such as Valtrex, must be taken prior to tattooing. \_\_\_\_\_

**After-care:** I understand that it is important to follow all home-care instructions when striving for optimal results. I have received after-care instructions and I agree to follow them while my tattoo is healing. \_\_\_\_\_

**Touch-up Policy:** I understand that Simply You will require touch-up and perfection appointment to achieve optimal results. The follow-up is available as pre-discussed with your technician. Touch-ups must be done within 4-6 weeks. Post 6 weeks will be full price of touch-up. If you need to reschedule, you must give 48 hours notice.  
\_\_\_\_\_

**Laser and Surgery:** I understand that if I have any skin treatments, laser hair removal, plastic surgery, or other skin altering procedures on the tattoo, it may result in adverse changes in my tattoo \_\_\_\_\_

**Pregnancy:** I understand that tattooing pigment may pose risks to my unborn child. If I am pregnant or trying to become pregnant, I will notify Simply You. \_\_\_\_\_

I understand that this list is not complete and that other complications or problems that are not mentioned here may arise. If any one or more of the foregoing complications arise, I will notify the office immediately. \_\_\_\_\_

I acknowledged that if I have any condition that might affect the healing of this tattoo, I will inform my technician. I am not pregnant or nursing. I am not under the influence of alcohol or drugs. \_\_\_\_\_

I acknowledge that I am over the age of eighteen and I have truthfully represented that the obtaining of a tattoo is my choice alone. I consent to the application of the tattoo and to any actions or conduct of the representatives and employees of Simply You necessary to perform the tattoo procedure. \_\_\_\_\_

I have read all pages of this consent; I acknowledged that I have a general understanding of the nature of the proposed procedure, the risks and the expectations. \_\_\_\_\_

I acknowledge that no guarantees or warranties have been made or implied regarding results of my satisfaction with the results. \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **Possible Risks, Hazards, or Complications**

**Pain:** There can be pain even after the topical anesthetic has been used. Anesthetics work better on some people than others.

**Infection:** Infection is very unusual. The areas treated must be kept clean, and only freshly cleaned hands should touch the areas. See “After Care” sheet for instructions on care.

**Uneven Pigmentation:** This can result from poor healing, infection, bleeding, or many other causes. Your follow-up appointment will likely correct any uneven appearance.

**Asymmetry:** Every effort will be made to avoid asymmetry, but our faces are not symmetrical so adjustments may be needed during the follow-up sessions to correct any unevenness.

**Excessive Swelling or Bruising:** Some people bruise or swell more than others. Ice packs may help reduce the swelling. The swelling or bruising typically disappears in 1 – 5 days. Some people don’t bruise or swell at all.

**Anesthetics:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine, and/or Epinephrine cream and/or liquid are used. If you are allergic to any of these, please inform me now.

**MRI:** Because pigments used in Permanent Cosmetic procedures contain inert oxides, a low-level magnet may be required if you need to be scanned by an MRI machine. You must inform your MRI Technician of any tattoos or permanent cosmetics.

**The alternative to these possibilities is to use traditional cosmetics and NOT undergo the Semi-Permanent Eyebrow procedure.**

Consent and release for procedures performed:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## **Consent and Release Agreement**

This form is designed to give information needed to make an informed choice of whether or not to undergo a 3D Eyebrow, Microblading, semi-permanent make-up application. If you have any questions, please don't hesitate to ask.

Although 3D Eyebrow Microblading is effective in most cases, no guarantee can be made that a specific client will benefit from the procedure.

This is the process of inserting pigment into the basal layer of the epidermis. It is a form of tattooing, though semi-permanent.

All instruments that enter the skin or come in contact with body fluids are disposable, and disposed after use. Cross contamination guidelines are strictly adhered to.

Generally, the results are excellent. However, a perfect result is not a realistic expectation. It is usual and advised to expect a touch-up after healing is completed.

Initially the color will appear more vibrant or darker compared to the end result. Usually within 5-7 days the color will fade 40 – 50%, soften and look more natural. The pigment is semi-permanent and will fade over time. Additional touch-ups are likely needed within 6 months to 2 years.

## **Photograph Release Consent**

We would like permission to use these photos for advertising. For example: portfolios, online and print ads, etc. Your consent is necessary regarding this. Please circle and indicate with your signature if you would like your photos used or not used in advertising.

Yes, feel free to use them

No, please do not use them

Signed \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Special request, concerns, or remarks for the Artist:

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# Formula & Touch-up Record

## *Eyeliner & 3D Microblading*

Before Photo Date: \_\_\_\_\_

After Photo Date: \_\_\_\_\_

<i>Date</i>	<i>Formula</i>	<i>Machine/Needle</i>	<i>Results</i>

Complications: No Yes      Tolerance Level:  Low  Medium  High

Explain: \_\_\_\_\_

Time in: \_\_\_\_\_ Time Out: \_\_\_\_\_

Pre-treatments:  Lasrcaine  Elomax  Tag  NumbQuik  Other \_\_\_\_\_