

Microblading Intake + Consultation Form

Client Information

Referred By: _____

Name: _____
Cell: _____
Email: _____

Birthday: ____/____/____ Age: ____
Anniversary: ____/____/____
Instagram: _____

Skin Condition

How would you describe your skin? (Please Circle)

Normal Dry Oily Sensitive Combination

Do you Keloid Scar or get very raised, dark scarring? (Please Circle) YES NO Not sure

What skin care products do you use and how frequently? Please be as detailed as possible.

Client Health

Please list any and ALL medications, supplements, conditions, or treatments have had in the last 3 years. Please be as detailed as possible. This is very important as many medications, supplements, conditions and treatments can affect your service and outcome.

Medications + Supplements:

Conditions:

Treatments + Procedures:

Have you ever had a cold sore? (Please Circle): Yes No

If yes, please contact your physician for a preventive prescription medication to prevent a cold sore during your healing process.

Are you required to take antibiotics when visiting the dentist? Yes No

If yes, please list why:

Please list all known allergies:

Eyebrow Goals:

What would you like to improve about your eyebrows? Consider shape, color, density, thickness....: *Bring photos if you can*

Printed Name: _____ Signature: _____ Date: ____/____/____

Microblading Intake + Consultation Form

Date: _____

Pricing Quoted by Microblading Artist

Initial Microblading Appointment (First Time): _____

Initial Touch Up Appointment (6-8 weeks): _____

Deposit Required: _____

Quotes are valid within 60 days of initial booking. If you reschedule past this window price is subject to change without notice.

For Microblading Artist

Pigments Used: _____

Blade Used: _____

Microblading Release

Please read the following statements carefully and initial each statement. By initialing each statement and signing this document, you are fully aware of each statement mentioned.

_____ Microblading is a way of cosmetic tattooing, intended to be semi-permanent lasting an average of 12-18 months with the ability to last longer or fade quicker. On rare occasion, the pigment may migrate under the skin.

_____ **Microblading or any other semi or permanent cosmetics cannot and will not be performed if you are pregnant or nursing or to any person under the age of 18.**

_____ Although extremely rare, there might be an immediate or delayed allergic reaction to the pigment, tools, or products used. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anesthetic can occur.

_____ There may be swelling and redness following your procedure. You may experience minor bleeding.

_____ We do not offer Microblading Removal or Tattoo Removal at this time and I am fully aware of this.

_____ If you have an MRI Scan within 3 months of your procedure, you should notify/discuss with your doctor that you have had a permanent cosmetics tattoo. Possible scarring may occur.

_____ You completely understand that with many factors including, but not limited to, skin condition, how well you **follow the aftercare instructions**, genetics, lotions, laying on them, medication, sweating, etc. can and will affect your microblading outcome. **You agree to NOT PICK** at your eyebrows after getting microblading done and will update my microblading artist on my healing process if any questions or concerns arise.

Microblading Release + Cancelation, No-Show, Late Policy

I fully understand that any employee of Hair Peace, when performing a permanent make up procedure, does not act in capacity as a medical professional. The suggestions made by any employee or agent of Hair Peace are just suggestions. They are not to be construed as, or substituted for advice from a medical professional. I understand that microblading or permanent make up will be performed using the appropriate techniques, instruments, and pigments. I also understand that infections can occur due to lack of improper hygiene, not following the aftercare instructions provided, and/or pigment sensitivities. To ensure proper healing of my procedure, I agree to follow the written and verbal aftercare instructions that will be provided until the healing process is complete. I understand that a Microblading Procedure can take weeks to heal. I understand that I am making what could be a permanent change to my body and face, and no claims about the possibility of fully reversing these changes have been made or implied by Hair Peace or any of its employees or agents.

We look forward to serving you and want every guest to have the best experience possible. To book any appointment we do require a card on file to hold your appointment time. We also require a deposit for any Microblading Appointment. That being said, **we require a 48-hour notice for cancelations of Microblading Services** provided at Hair Peace. **No-Call, No-Shows will be charged 50% of the services booked as a fee to the card on file.** Guests who arrive late for services may need to reschedule their appointments so that they do not interfere with other appointments booked. We do ask that you call beforehand if there are any issues making your appointment so we can accommodate you appropriately. Our front desk staff are busy and may miss your call. **We will not be able to return your call unless you leave a voicemail.** You can also message us on Facebook or Instagram. By signing below, you are acknowledging these policies and agree to follow them.

Printed Name: _____ Signature: _____ Date: ___/___/___

Photography Release:

I hereby grant the employees and agents of Hair Peace (@seekhairpeace) and Jessica Larson (@thejaxwaxlady) permission to use any photos of me before, during, or after my microblading procedure or any other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of Jessica Larson and/or Hair Peace and will not be returned. I irrevocably authorize Jessica Larson and Hair Peace to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any rights to inspect or approve the finished product or photos wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising or relation to the use of any photos.

Microblading Intake + Consultation Form

Date:

Printed Name: _____ Signature: _____ Date: __/__/

Touch Up Agreement

Your initial follow up should be done within 6-8 weeks after your first microblading appointment. **You are required to book the Initial Touch Up the same time you book your initial Microblading appointment.** The price of this initial touch up is included with your payment of a Full Microblading Service. Any touch up appointments after your initial touch up will require additional payments. A card number must be saved on file to book any appointments for services at Hair Peace. **If you do not come in for your initial touch up as scheduled, a charge of \$100 will be charged to the card held on file.** Future touch ups are recommended every 12-18 months. It is not recommended you receive touch ups more often than 6-8 months. Annual Touch Ups after your Initial Touch Up will be priced accordingly base upon individual necessity and the current pricing at the time of your Annual Touch Up.

Printed Name: _____ Signature: _____ Date: __/__/