

Medical History and Consent Form

Full Name: _____ Date: _____
 Email: _____ Phone: (____) _____
 Address: _____
 Date of Birth: _____ I am 18 years or older: YES___ NO___
 Emergency Contact: _____
 How were you referred to Renew Beauty? _____
 Current Medications (please print) _____
 Allergies (please list) _____

PLEASE READ CAREFULLY

Please answer the following questions truthfully to ensure your safety during your procedure:

Are you currently pregnant or breastfeeding?	Y	N
Are you prone to keloid scarring?	Y	N
Have you taken ACCUTANE within the last year?	Y	N
Do you have any conditions that could affect your immune system? (i.e., Hepatitis C, Hepatitis B, HIV/AIDS)	Y	N
Are you currently on any form of immune suppressant therapy that may cause delayed healing? (i.e., chemotherapy, radiation)	Y	N
Are you allergic to or sensitive to any local or topical anesthetic?	Y	N
Have you had, or do you currently have, any heart or blood pressure problems?	Y	N
Are you currently taking any medications to treat the following which may affect blood coagulation during the microblading procedure?	Y	N

Please circle Yes (Y) or No (N) in reference to the last question above:

Y	N	Blood Thinners	Y	N	Sleeping Pills
Y	N	Blood Pressure Medications	Y	N	Medical Pills
Y	N	Diuretics	Y	N	Hormone Replacement
Y	N	Antibiotics	Y	N	Painkillers (Advil/Tylenol)
Y	N	Fainting/Dizzy Spells	Y	N	Other



Have you had or do you currently have any of the following:

Yes	No	Cancer	Yes	No	Hepatitis
Yes	No	Easy bleeding	Yes	No	Diabetes
Yes	No	High or low blood pressure	Yes	No	HIV/AIDS
Yes	No	Heart conditions	Yes	No	Latex sensitivity
Yes	No	Injectable fillers	Yes	No	Pregnant/nursing
Yes	No	Dermatitis/Eczema	Yes	No	Tattoo/permanent makeup
Yes	No	Hemophilia	Yes	No	Pacemaker
Yes	No	Chemical peels	Yes	No	Hypoglycemia
Yes	No	Iron deficiency/anemia	Yes	No	Problems with healing
Yes	No	Epilepsy	Yes	No	Plasma Pen Treatment
Yes	No	Cosmetic Surgery	Yes	No	Thyroid Disease
Yes	No	Hypo/hyper pigmentation	Yes	No	Oily Skin
Yes	No	Botox treatments (within the last two weeks)	Yes	No	Keloid scarring

**If you suffer from any of the above, it is important that you notify your technician so that they can take the necessary precautions to ensure you receive the best treatment and avoid any risks to your health*

PLEASE READ CAREFULLY AND INITIAL WHERE INDICATED – *Ensure all points below have been discussed with your technician. You are signing to state that you understand and accept these terms.*

1. I acknowledge that any information provided by me is true, to the best of my knowledge and that the present condition of the area that has been treated or will be treated is stated on this form. (Initial Here) _____

2. I understand that I may be required to return for additional treatment before the overall treatment is deemed complete. Microblading is a multi-step process for optimal results. The payment for any additional work (if applicable), will be agreed upon prior to the treatment commencing. Additional work cannot be performed until after 4-6 weeks after the initial treatment date. This is to allow the initially treated area to fully heal. (Initial Here) _____

3. I understand that with any beauty service there may be certain risks. I will be fully responsible for any and all results, which may arise from these beauty services. I hereby agree to hold Renew Beauty free from any and all claims or suits for damage and for injuries or complications resulting from any beauty services provided by Renew Beauty.
(Initial Here) _____

4. Results vary from client to client depending on the individual's health, lifestyle and skin type. Permanent makeup is an art, not a science and results cannot be guaranteed.
(Initial Here) _____

5. I understand that permanent makeup will fade over time due to environmental and lifestyle factors. (Initial Here) _____

6. I have received pre and post procedure instructions with the care kit and will strictly adhere to them. I understand that failure to do so may jeopardize a successful procedure outcome.
(Initial Here) _____

7. I understand the importance of my acute and complete medical history. I understand that withholding any medical information may be detrimental to my health and safety during and after the procedure. I understand that if there is any change in my medical history, it is my responsibility to inform the technician. (Initial Here) _____

8. I, the client, agree with all the points listed and discussed, and wish to proceed as recorded. I certify that I have fully read and initialed the above paragraphs. I have had it explained to my understanding; therefore, I consent to this procedure. I accept full responsibility for the decision to receive this treatment. (Initial Here) _____



Photo Consent

___ For the purpose of documentation, I consent to the taking of before and after photos. Please note: These photos will NOT be used for marketing of any kind. The artist requires you to consent to photographs for her professional and confidential client files.

___ I consent to the use of my photos for the purposes of marketing. My pictures may appear in print or online.

Treatment Agreement (Client Portion)

Client's Full Name (PRINTED): _____

Client's Signature: _____ Date (MM/DD/YYYY): _____

Treatment Agreement (Technician Portion)

I, the trained technician at Renew Beauty, confirm that I have checked all paperwork including consent forms and medical history. I have discussed all procedure points with the client and they understand all elements of the procedure. Aftercare advice has been verbally presented to the client and written instructions will be provided.

Technician Signature: _____

Date: _____



Risks and Understandings with Microbladed/Fusion Brows

1. During the procedure, despite technician expertise and precautionary measures, injury is possible. Despite the application of the most advanced and top-quality pigments, allergic reaction is possible. The client has been informed of this and he/she assumes liability.
2. During and after the procedure, temporary swelling, redness and or itching may occur.
3. Depending on the skin structure after the first treatment, small scabs with a loss of drawn hairs may occur and colour intensity may change.
4. In the first seven days, eyebrows are up to 40% darker and 10-15% thicker. Colour retention depends on the natural skin pigment.
5. The pigment is absorbed differently due to differences in the skin quality, thus there is no guarantee of treatment success.
6. The shape is determined according to the face proportions.
7. Depending on the skin structure, it should be noted that change in colour intensity is possible and that one or more additional treatments will be required.
8. The minimum or maximum duration of microblading or permanent makeup procedures cannot be determined with certainty, nor can the guarantee be given on performed treatment.
9. Any touch-up fees may apply for future appointments if touch-ups are desired. If most of the colour has faded, then this will not be considered a touch-up and all fees for a new service may apply. touch-ups are usually performed 4-6 weeks after initial appointment. For oily skin, it may be necessary to perform more corrections.
10. Permanent makeup always leads to skin injury. Therefore, it is important to carefully and gently nurture your skin after the treatment to allow healing without complications. Inadequate care in the healing phase of the skin can lead to poor results and Renew Beauty is not liable for it.
11. Permanent makeup is an art, not science. Client results will vary and using makeup pencil or brow powder may still be needed.

Healing Stages:

In the next 7-10 days, the client is required to pay attention to the following:

1. Keep your eyebrows dry and clean for the next 7-10 days.
2. Do not allow eyebrows to come into contact with water. A thick crust will appear and all the pigment will fade.
3. Do not touch the scab in any other case except while cleaning. **DO NOT PICK SCABS.**
4. For post treatment care, if the brows get wet, gently dab dry so as not to remove scabs.
5. If skin is oily or sweaty, make sure you clean the skin when necessary.
6. Please do not use any other creams except any that may be recommended to you by your technician in order to prevent possible infections or allergic reactions.
7. In the first 2 weeks after the treatment, avoid swimming pools, sunbathing, tanning beds (no sun or tanning for 30 days), sauna, beauty treatments, and intense training accompanied by sweating (sport activities), and avoid contact with dirt/dust.
8. Renew Beauty is not liable in the case of improper post treatment care.