



Patient Information – Microblading

Name: _____ Date of Birth: ____/____/____
Occupation: _____ Phone: _____
Email: _____
How did you find us? _____

You are ineligible to receive microblading if you have any of the following:
Pregnant or Breastfeeding
Keloids or post-inflammatory hypopigmentation.
HIV or Hepatitis.
Any recent Botox or other fillers in that area
Patients undergoing chemotherapy
Eczema, shingles, Rosacea, rashes, burns, or anything else near eyebrows.

Are you undergoing any medical treatments? _____

Do you have hypo/hypertension? Yes/No
Do you get cold sores? Yes/No
Do you have diabetes? Yes/No What type? _____ Controlled? Yes/No
Any surgeries? What kind/when: _____
Are you using any facial acids? Yes/No Specify: _____
Any allergies? Yes/No Specify: _____
Any problems or concerns you think it's necessary to report? _____

In case of an emergency, whom should we call? Name: _____
Relationship: _____ Phone: _____

For best results please follow our aftercare and return 4-6 weeks for the touch up.

I give consent to undergo microblading treatments provided by Alora Health Spa. I understand and I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindication and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform my professional of my current medical or health conditions and to update this history. I understand that while microblading is generally a safe method of treatment, certain adverse effects may result from treatment. In some circumstances, local allergies to topical preparations have been reported. With microblading there may be redness, discomfort and/or swelling, or the sensation of having a sunburn at the area of treatment for 2-3 hours after treatment. Additionally, redness may be present for 2-3 days after treatment. There may be an increase or decrease in pigmentation and can take 1 month to resolve. Small areas of scabbing may occur 2-3 days following the treatment. Infection is possible if proper aftercare guidelines are not followed. The treatments I receive here are voluntary and I release Alora Health Spa and/or the professional from liability and assume responsibility thereof.

Signature: _____ Date: _____

OFFICE USE ONLY

Notes:
