

# Microblading Consent Form

Client information	
Full name:	Date of birth:
Age:	Gender:
Address:	
Contact number:	Email:
Medical history	
Do you have any allergies?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please specify:  
Are you pregnant or breastfeeding?  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any skin conditions (e.g., eczema, psoriasis)?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please specify:  
Are you currently taking any medications or supplements?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, please list:  

## Procedure information

I acknowledge that microblading is a semi-permanent cosmetic procedure that uses fine tools and pigments to enhance the appearance of eyebrows. I understand the procedure involves creating hair-like strokes to achieve natural-looking results.

## Potential risks and complications

I understand that while complications are rare, the procedure involves potential risks, including, but not limited to:

- Temporary redness or swelling
- Infection due to improper aftercare
- Allergic reactions to pigments or tools
- Scarring, granulomas, or keloids
- Uneven pigment retention or migration

## Consent and agreement

I confirm that I:

- Have disclosed all relevant medical history and allergies.
- Understand the procedure, its risks, and the expected results.
- Agree to follow the aftercare instructions provided by the technician.
- Acknowledge that results may vary depending on individual skin type, healing process, and adherence to aftercare.

By signing below, I provide my informed consent for the microblading procedure.

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**Client's signature**

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**Date**

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**Technician's signature**

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**Date**