



NÉO VISAGE

Permanent Makeup • Tattoo

CLIENT CONSULTATION AND MEDICAL HEALTH FORM FOR MICROBLADING / PMU

Full Name _____ DOB _____ Age _____

Address _____ Postal Code _____

Cell No _____ Email _____ Drivers Licence # _____

List any medications you have been taking in the past 6 months:

Have you received chemotherapy or radiation in the past year? _____

Other Allergies: _____

Have you every had one of the following?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Retin A
(within the last 2 weeks) | <input type="checkbox"/> Anemia | <input type="checkbox"/> Sensitivity to cosmetics | <input type="checkbox"/> Prolonged Bleeding |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Trichotillomania | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Circulatory Problems | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Tumors, growths or cysts |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Thyroid Disturbances | <input type="checkbox"/> HIV | <input type="checkbox"/> Hair Loss |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Chemical / Laser Peel
(within the last 6 weeks) | <input type="checkbox"/> Alopecia |
| <input type="checkbox"/> AHA Preparations
(within the last 2 weeks) | <input type="checkbox"/> Fat injections, Botox
Injections or Collagen
Injections | <input type="checkbox"/> Hypertrophic Scars | <input type="checkbox"/> Keloid Scars |
| <input type="checkbox"/> Healing Problems | <input type="checkbox"/> Allergy to metals
including gold or nickel | | |

Do you scar easily? _____ Do you bruise or bleed easily? _____ Are you currently pregnant or nursing? _____

Emergency Contact (Name) _____ Emergency Contact (Telephone) _____

What are the main concerns relating to the area to be treated? _____

What would you like to improve? _____

Please read the following statements carefully: Microblading/PMU is a way of cosmetic tattooing. Re-touch procedures may be required. A healing period of 4 weeks is required before a touch up procedure can be performed. On a rare occasion, the pigment may migrate under the skin. Procedure of microblading/PMU may be slightly uncomfortable. The pigments will fade. Immediately after the procedure, the pigment can appear 30-50% darker than the desired result. Although extremely rare, there might be an immediate or delayed allergic reaction to pigment. A negative patch test result does not guarantee that you will not develop an allergic reaction after the full procedure. Allergic reactions to anaesthetic can occur. Permanent cosmetics cannot be applied to pregnant women or nursing mothers. Permanent cosmetics cannot be applied to any person under the age of 18. Infections can occur if aftercare instructions are not followed correctly. There may be swelling and redness following the procedure. You may experience minor bleeding. If you have an MRI scan within 3 months after microblading procedure, you should notify/ discuss
I have received an aftercare leaflet and I'm fully aware of the aftercare procedures. _____

I have fully understood the information provided above.

I can confirm that all of the information provided by me is correct and truthful.

Client Full Name (print) _____ Client Signature _____ Date: _____

Master Full Name _____ Master Signature _____ Date: _____

PLEASE CONTINUE TO PAGE 2



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Please read this form fully and sign at the end. If you are unsure about a particular detail of the form, please speak to your therapist.
Initial the following:

- If unforeseen condition arises in the course of microblading/PMU procedure, I authorise my therapist to use their professional judgement to decide on what he/she feels necessary in the given circumstances.
- I accept the responsibility for determining the colour, shape and position of the microblading/PMU procedure as agreed during consultation.
- I understand that an allergy test, does not guarantee that I will not develop an allergic reaction to the pigment. I fully understand and accept that non-toxic pigments are used during the procedure and that the result achieved may fade over a period of 1-3 years. Even once the colour will fade, pigment itself may stay in the skin indefinitely.
- I have been informed that highest standards of hygiene are met and that sterile, disposable needles and pigment containers are used for each individual client, procedure and visit.
- I understand and accept that each procedure is a process requiring multiple applications of pigment to achieve desired results, and that 100% success cannot be guaranteed during the first procedure. I understand that I may have to return for a repeated procedure that is included in my initial cost. The touch-up appointment must be made between four to eight weeks after the initial appointment.
- The result of the procedure is determined by the following; medication, skin characteristics (dry, oily, sun-damaged, thick or thin skin type), Personal pH balance of your skin, alcohol intake and smoking, post procedure after care.
- Upon completion of the procedure there might be swelling and redness of the skin, which will subside between 1-4 days. In some cases, bruising may occur. You may resume your normal activities following the procedure, however, using cosmetics, excessive perspiration and exposure of the sun should be limited until the skin has fully healed. Please see after care card for more details. You can be assured that the procedure results will look acceptable for you to appear in public without additional make-up on the affected area.
- I have been advised that the true colour will be seen 1 month after each procedure, and that the pigment may vary according to skin tones, skin type, age and skin condition. I understand that some skin types accept pigment more readily and no guarantee on exact colour can be given.
- To my knowledge I do not have any physical, mental, or medical impairment or disability that might affect my well being as a direct or indirect result of my decision to have the procedure done at this time.
- I agree to follow all pre-procedure and post-procedure instructions as provided and explained to me by the technician.
- I can confirm that I have received a copy of after care details.

Being of sound mind and body, I hereby release any and all responsibility. I accept any and all responsibility myself for any consequences that might stem from my decision to have any permanent cosmetics procedure performed by Néo Visage.

For the purpose of documentation, record and use in portfolio, also consent to the taking of "before" and "after" photographs of my procedure.

I AM OVER THE AGE OF 18 YEARS OLD.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT AND PROCEDURE PERMIT; THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND ACCEPT FULL RESPONSIBILITY FOR THESE AND OR OTHER COMPLICATIONS WHICH MAY ARISE OR RESULT DURING OR FOLLOWING THE MICROBLADING/PMU PROCEDURE. THE TREATMENT IS PERFORMED AT MY REQUEST ACCORDING TO THIS CONSENT, PRE-PROCEDURE FORM AND POST PROCEDURE GUIDELINES. I HEREBY AUTHORISE TECHNICIAN

to perform microblading procedure on me at Néo Visage 48-1 Avenue Ste-Anne

Pointe-Claire QC H9S 4P8

Client Name (Printed) _____ Date _____

Address: _____ City/Prov _____ DOB _____

Signature _____

Master Name

Date _____

Salon Address: 48 - 1 Avenue Ste-Anne, Pointe-Claire QC H9S 4P8

Signature _____