



Simply Brows
Microblading & Aesthetics
MICROBLADING - MEDICAL HISTORY FORM

NAME:

DATE OF BIRTH:

ADDRESS:

POST CODE:

CONTACT NUMBER:

EMAIL:

EMERGENCY CONTACT NAME & NUMBER:

Do you have or previously had any of the following: (Circle YES or NO)

YES NO History of MRSA

YES NO Diabetes

YES NO Hepatitis A B C D

YES NO Easy Bleeding/Haemophilia

YES NO Abnormal Heart Condition

YES NO Taking blood thinners such as: Aspirin/Ibuprofen/Alcohol/Coumadin etc

YES NO Pregnant/Breastfeeding

YES NO Autoimmune disorder

YES NO Cancer (Year?)

YES NO Chemotherapy/Radiation

YES NO Tumours/Growth/Cysts

YES NO Difficulty numbing with dental work

YES NO Skin diseases

YES NO Eczema

prone to herpes?

YES NO Infectious diseases now/high fever now

YES NO Epilepsy

have a pacemaker?

YES NO Oily Skin

YES NO Accutane or acne treatment (Completed When?)

YES NO Botox (Last treatment?)

YES NO Forehead/Brow Lift/Facelift (Date of procedure?)

YES NO Chemical Peel (Last Treatment?)

YES NO Brow Lash Tinting (Last Treatment?)

YES NO Are you

YES NO Do you

YES NO Tan by booth or salon?

YES NO Do you have problems with healing of wounds?

YES NO Have you consumed drugs or alcohol in the last 24 hours?

YES NO Did you undergo any surgery in the last 14 days?

YES NO Allergic reaction to any medications such as Lidocaine/Tetracaine/Epinephrine/Dermacaine/Benzyl Alcohol/Carbopol/Lecithin/Propylene Glycol/Vitamin E Acetate etc.

YES NO Allergies to metals/food etc.

YES NO Any diseases or disorders not listed

YES NO Do you use skin care products containing Retin-A/Glycolic Acid/Alpha Hydroxy?

Please list any/all medications you are taking:

I AGREE THAT ALL THE INFORMATION ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

CLIENT SIGNATURE

DATE



Unit F, Barge Arm East, The Docks, Gloucester GL1 2D