MEDICAL QUESTIONNAIRE

MICROBLADING AND/OR SHADING PROCEDURE

Modern BROW

Full Name:_____Date:_____

YES NO Are you at least 18 years of age?
YES NO Are you pregnant or breastfeeding?
YES NO Have you had botox in the last 2-3 weeks?
YES NO Have you had any chemical peel or laser treatments in the last 6 weeks?
YES NO Have you undergone chemotherapy or radiation therapy in the last year?

Please list any medications you have taken in the last 6 months:

_____

_____

Check any of the following that you have:

- ◻ Accutane or Acne Treatment
- ◻ Autoimmune Disorder
- ◻ Asthma
- ◻ Botox
- ◻ Cancer
- ◻ Cardiac Value Disease
- ◻ Cold Sores
- ◻ Diabetes
- ◻ Estrogen Therapy
- ◻ Epilepsy
- ◻ Forehead/Brow Lift
- ◻ Hepatitis A B C
- ◻ Hemophilia or Other Bleeding Disorders
- ◻ Herpes at Proposed Procedure Site
- ◻ HIV/AIDS
- ◻ History of MRSA / Staph Infections
- ◻ Keloid Scarring
- ◻ Oily Skin / Sensitive Skin
- ◻ Required to Take Antibiotics Before Dental or Medical Procedures
- ◻ Taking Blood Thinners such as: Aspirin, Ibuprofen, Alcohol, Coumadin, etc.
- ◻ Tan by Booth or Salon
- ◻ Tuberculosis
- ◻ Tumors/Growths/Cysts

Have you ever had an allergic reaction to any of the following:

- ◻ Antibiotics
- ◻ Latex
- ◻ Lidocaine
- ◻ Tetracaine
- ◻ Epinephrine
- ◻ Dermacaine
- ◻ Benzl Alcohol
- ◻ Carbopol
- ◻ Lecithin
- ◻ Propylene Glycol
- ◻ Vitamin E Acetate

Please explain what your goal is for having Microblading and/or Shading done? (Think in terms of thickness, color, longer, higher arch, a more even appearence, more filled in look, etc.)

_____

_____

_____

YES NO I consent to having my before and after photos taken for marketing purposes.
(social media, website, advertising, etc.)

By signing here, I certify that I am at least 18 years of age and acknowledge that the above information is true and correct to the best of my knowledge:

Signature:_____