



### Microblading Client Medical History Form

- YES NO History of MRSA
- YES NO Epilepsy
- YES NO Keloid Scar
- YES NO Botox if yes, date of last treatment:\_\_\_\_\_
- YES NO Diabetes
- YES NO Hepatitis A B C D
- YES NO Forehead/Brow Lift/Facelift
- YES NO Easy Bleeding or Bleeding Disorder
- YES NO Excessive Alcohol use
- YES NO Antibuse Medication
- YES NO Abnormal Heart Condition –( Cardiac Valve Disease is a contraindication)
- YES NO Take medication before dental work
- YES NO Chemical Peel – Last treatment:\_\_\_\_\_
- YES NO Pregnant/Breastfeeding
- YES NO Brow Tinting – if yes, date of last tint:\_\_\_\_\_
- YES NO Autoimmune Disorder – (Amyloidosis is a contraindication)
- YES NO Oily Skin
- YES NO Cancer – if yes, year:\_\_\_\_\_
- YES NO Accutane or Acne treatment – if yes, year finished:\_\_\_\_\_
- YES NO Chemotherapy/Radiation – if yes, date finished:\_\_\_\_\_
- YES NO Tan by booth or salon
- YES NO Tumors/Growths/Cysts
- YES NO Difficulty numbing with dental work
- YES NO Taking blood thinners –Aspirin, Ibuprofen, Alcohol, Coumadin, etc....
- YES NO Allergic to Latex, Benzocaine, Lidocaine, Tetracaine, Benzyl Alcohol, Lecithin, Propylene Glycol.

I have been quoted the cost of today's appointment and the cost of the touch up.  
Touch up appointment must be completed within 60 days of initial procedure to be considered touch up price.

I certify that I have answered the above questions to the best of my ability.  
I understand the risks and alternatives involved in this procedure.  
I have had the opportunity to ask questions and all of my questions have been answered.

I acknowledge that I have reviewed and approved the material given to me and I authorize \_\_\_\_\_ of Kitto Katto Skincare LLC. as my permanent make u technician to perform my microblading procedure today.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_