

Plush SkinCare Studio Intake
2528 Grand Ave. Billings, MT 59102
406.839.4103

Artist: Amber Hirschi

Client Name: _____ Date: _____

Client Address _____ City _____ ST _____ Zip code _____

Cell Phone () _____ Email _____

Emergency Contact Information: Name _____ Phone# _____

Procedure Type: _____

How did you hear about me? _____

PHOTO RELEASE: Client authorizes unrestricted use of before and after photographs to include, but not limited to, portfolio, internet and teaching. Initial _____

MEDICAL HISTORY: Physician's name

Please list any prescriptions, herbs, vitamins you are taking or any medical issues:

Location(s) of Procedure? _____

What do you use for your current skin care?

Have you had shingles or auto immune issues in the last 6 months or ever? _____

Have you ever had Permanent Makeup done before? Yes or No If yes: What, by whom, and how long ago? _____

If yes: You understand that corrections may require additional sessions? Yes or No

Are you allergic to any of the following meds? Please circle YES/NO If yes, please circle below. Glycerin

Paba Epinephrine Caine Products

Do you have any lip implants, Botox, Gortex, or Collagen? Yes or No

Do you use Retin A, Renova, Harsh Acne Treatments or Glycolic Acids regularly? Yes or No

You understand you must be off Accutane 1-year prior all to procedures _____ Initial

Do you take any of the following medications? Please circle YES — NO If yes, please circle below.

Accutane Insulin Blood Thinners Aspirin Anti-coagulants Latisse Thyroid Medication

*Are you an insulin depended diabetic? YES or NO * Are you Pregnant or Breast Feeding? YES or NO .*Have you had chemo therapy in the last year? YES or NO

I understand that, and agree, if I have ever had a fever blister or cold sore I will take a prescription medication from my doctor or dentist. (You must take Valtrex or Zovirax orally before and during any lip tattoo procedures) _____ Initial

_____ I understand that a certain amount of discomfort is associated with this procedure and that minor or temporary swelling, redness, or fever blisters may occur on the lips following lip tattoo

procedures. Fading or loss of pigment can occur. I understand that successful lip saturation cannot be guaranteed due to hidden scar tissue.

_____ I understand the permanent makeup is a multi-session procedure requiring more than one visit to perfect. From 1-3 sessions depending on the individual. All procedures take at least 30 days to heal and evaluate.

_____ I understand that sun, tanning beds, pools, skin care products and medications can affect my permanent makeup.

_____ Client must wait one month following any tattoo before donating blood.

_____ I acknowledge that the proposed procedure(s) all involve inherent risks and the possibility of complications (provided to comply with health code regulations) including, but not limited to: abscesses, allergies, excessive bleeding, heavy metal poisoning, infection (symptoms: fever, swelling, redness), keloid infection, muscle and/or nerve paralysis, scarring, bloodborne pathogen, tongue swelling, throat closure, tooth fracture, misplaced pigment, poor color retention, hyperpigmentation.

*If complications arise: please consult a medical provider. (*For Montana residents: please also report adverse reactions to Riverstone Health @ 406-256-2770)

_____ I hereby consent to having permanent makeup applied by Amber Hirschi. I have answered all questions truthfully and to the best of my knowledge; and understand that this is considered a permanent procedure.

_____ I have read and received, as well as understand, my after care. I further understand the differences between traditional tattoo healing and permanent cosmetics healing and aftercare.

_____ I understand I can have an allergy patch test by request.

_____ I have been informed that having Tan Skin, at the time of my appointment, can and will cause the pigments to: fade prematurely, look ashy or gray, appear more powdered looking or not retain at all. Against Amber's recommendation, I wish to proceed & accept these risks and will hold Plush Skin Care Studio, LLC and/or her associates harmless if the above said risks occur. I take full responsibility & accept that this will/could occur. I further understand that appointments will not be made any sooner if the above issues occur. I also agree that all services performed will be nonrefundable.

_____ I understand there will be no refunds upon treatment for this elective procedure(s). I understand my payment includes one visit within 30-45 days of initial application. It is the responsibility of the client to contact the Artist within 30 days after initial session if a touch up is required. Additional visits for touch ups will require further payment. Be sure to book touch up if needed after initial application within 30 days!!!!!! I understand that if I do not do the touch up within 90 days that my procedure will not be guaranteed and qualify for the return client touch up discount.

I certify that I have read and understood all the above

Additional: _____ Initial: _____

Signature of Client: _____ Date: _____

Signature of Practitioner: _____ Date: _____

Procedure Chart Notes

Client Name _____ Date: _____

Skin Tone _____ Hair Color _____ Age _____

Procedure

Paid

Clients Desired Result:

pre-packaged needle opened w/client (client initial)

Photo: before After

Machine Needle

esthetic used: Unbroken Broken

Pigments used

Procedure Notes

Hairstroke I Microblading Precautions & Intake Form

Not all clients are candidates for microblading

Before getting this procedure note these important conditions: if you have any of the below conditions, you will not retain color well and will not be a good candidate for the microblading / Hairstroke procedure.

SKIN CONDITIONS

Ingrown hairs and open bumps on eyebrow-injured skin cannot be tattooed

Psoriasis on the face

Bad Rosacea

Severely oily skin or Large pores on your forehead

Have moles/raised areas/piercings in or around the brow/eye area- anything raised or indented will not retain color

Deep wrinkles in the brow area

Hair transplant for your eyebrows

Shingles on the face or scalp - hairstrokes will not be performed as the procedure could cause a flare-up)

Fitzpatrick Skin types 1 (red heads/translucent skin/light eyes)- due to hypersensitivity and thinness, (At the discretion of the artist - patch test or powder).

Accutane within the last year- skin composition is altered and will not heal well. Must wait 1 year before treatment w/ accutaine, chemotherapy or radiation.

Retinol, glycolic acid, benzoyl peroxide, or the use of Latisse eyelash/eyebrow growth conditioner within 1 year must discontinue use at least 1 month prior to treatment.

Extremely thin skin

tan or sunburn

MEDICAL CONDITIONS:

Pregnant or nursing (at risk and sensitive due to change in hormones)

Blood Thinners, bleeding disorder or Hemophilia (high risk- cannot stop bleeding)

- Auto Immune Disorder such as LUPUS
- Trichotillomania (Compulsive pulling of body hair) Due to constant pulling, scar tissue is prominent and color will not heal evenly/properly
- If you are any of these medications: you're not a candidate for microblading I hairstrokes
Accutane, Retin-A, Coumadin, Radio Active Iodine, Chemotherapy, Acne Treatments. If you fail to disclose any of the above skin conditions/medical conditions/medications, you will

have a poor outcome and further touch-ups to improve the results will be at an additional cost or treatment may be declined by Your artist. I Am not on any of the above medications or have any of the listed conditions above.

Client Signature: _____ **Date:** _____

After your eyebrow procedure, you will be swollen. Some clients will swell minimally and some will swell more. Everyone heals differently. This can cause the area(s) to appear uneven, red, itchy and irritated when healing. The area(s) will also appear much darker and thicker than the result. You can expect eyebrows to fade anywhere from 10⁰/0 50% this typically happens within 3-30 days of the first procedure. There WILL BE some shedding of skin with color in it as the area heals. Do not pick. Some areas of the eyebrows WILL fade more than other areas and as the pigment oxidizes it will start to darken up a little over a 2-3-week period. (This varies person to person) YOUR APPT. WILL NOT BE MOVED UP OR MADE SOONER IF THIS HAPPENS. _____ Initial

I UNDERSTAND THAT I AM BEING OFFERED A DISCOUNTED PRICE DUE TO THE TECH Being new to hair stroke brows. And building thier portfolio in these areas. I understand the results are not going to be the same as if I used a tech with more experience. I release Amber Hirschi, Plush Skin Care Studio (guest spot locations, salon, or tattoo shop) from all liability. And will not slander her business because of taking this discounted procedure.

Initial _____

ALL PERMANENT MAKEUP RESULTS VARY FROM PERSON TO PERSON.

Initial _____

Skin types, such as African American, Indian, Philippine, Italian, Oil/Severely Oily skin and the like, please note that the hair strokes WILL blend more with your skin tone and may not appear as defined as on lighter skin types. Red heads, blondes & fair skin types, will experience more swelling, redness, crusting or scabbing and some areas will fade substantially. They can look more powdered or solid looking and there is a possibility of no retention.

Initial _____

Smoking will affect your results and may cause the pigment to fade prematurely.

Initial _____

IF YOU HAVE HAD YOUR EYEBROWS DONE BEFORE, PRIOR-
THERE ARE NO GUARANTEES TO THE RETENTION OF THE PIGMENT. IT
WILL FADE SOONER, & MAY NOT TAKE AT ALL- AT SOME POINT YOU
WILL NO LONGER BE ABLE TO DO Microblading Hairstrokes DUE TO SCAR
TISSUE. _____Initial

Your aftercare is your responsibility. If you should experience any
scabbing, crusting, or flaking, please let it exfoliate naturally. This will
prevent any unnecessary infections or additional pigment loss. If the
area is still dry and flaky after the 14 days you can continue the
Aquaphor. _____Initial

It is standard procedure in our office to see our clients back 30-90
days after their original procedure for their 1st touch up. This is
necessary to fine-tune the treated area. If you do not attend the touch
up you we are not responsible for the outcome of the procedure. After
the 1st touch up, it is recommended to schedule a 1 yr. touch up for
HAIRSTROKE brows to maintain the color. All aftercare rules apply
to all subsequent appointments as well. _____Initial

When you leave the office, the hair strokes are intact. How your body heals
them is out of the control of the technician. This is 100% your bodies job.
Even when following the aftercare fading, blurring or poor retention can still
happen depending on your skin & lifestyle. This is NOT the fault of the
technician. _____Initial

If you go elsewhere for any touchups after Amber has
done them, we will no longer do your procedures. Permanent
Makeup is an art, NOT a science. Client's results will vary & using a
pencil or powder will still be needed. We have no control over your
bodies healing process and each time a procedure is done, the
pigment will have less retention due to scar tissue. Touch ups will not
be done any sooner. _____Initial

I understand that if I cancel or no show my touch up appointment without 48
hours' notice. I will be charged \$50 to reschedule. _____initial

ABSOLUTELY NO GETTING THEM DIRECTLY WET: WATER, POOL,
OCEAN, SUN (HEAT) 30 DAYS BEFORE & 5 days AFTER, SWEATING (OF
ANY KIND), YOGA, SWIMMING, GYM/EXERSION FOR 2 WEEKS. NO
TANNING & RETINOLS/ANTI-AGING CREAMS FOR 30 DAYS BEFORE THE
PROCEDURE AND FOR 3-5 DAYS AFTER. Keep anti-aging products, . retinol And acne

treatments one inch away from your brows. YOU . WILL RUIN THE RESULTS. IF YOU DO NOT FOLLOW THIS AFTERCARE,

WE WILL KNOW AND HAVE THE RIGHT TO RELEASE YOU FROM ANY FUTURE SERVICES. IF YOU WORK OUT REGULARLY during healing YOUR RESULTS WILL HEAL MORE TO A POWDERED LOOK DUE TO THE SWEATING AND OILS THE BODY PRODUCES WHEN IT GETS HEATED/SWEATY. ACCEPT THESE RISKS & POSSIBILITY OF THIS HAPPENING. _____(Initial)

PERMANENT MAKEUP WILL APPEAR MORE SOLID OR POWDERED AS YOUR SKIN AGES & AT SOME POINT FUTURE HAIRSTROKE PROCEDURES WILL NOT BE AN OPTION. _____Initial

Client Name

Printed

Date

Client Signature

Phone #:

Technician
