



Kiss Kreation's Permanent Makeup and Tattoo Removal Salon

Client Consultation Form

3450 W. Chandler blvd Ste 1 Salon 133 (inside Phenix Salon Suites), Chandler, AZ 85226 | 602-282-3872 | info@chandlermicroblading.com

Please fill out this form on your first appointment.
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Appointment Day & Time:		Full Name	
_____		_____	
Address			

Zip / Postal Code	State/ Province	City	Date of birth
_____	_____	_____	_____
Phone Emergency	Contact Phone	Email	
_____	_____	_____	

(Your email address will be used for appointment confirmations, and quarterly newsletters) If you would like to subscribe to our newsletter and promotions please click **YES** or click **NO**

Have you ever had a cosmetic tattoo or microshading and/or microblading procedure before?

Yes No

Do you have moles/raised areas in or around the brow area?

Yes No

Have you had a hair transplant for your eyebrows?

Yes No

What would you like to improve about your eyebrows? Think about the shape, color, density and the thickness of your perfect brow

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

- | | | | |
|------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Latex | <input type="checkbox"/> Lanolin | <input type="checkbox"/> Rubber | <input type="checkbox"/> Lidocaine |
| <input type="checkbox"/> Hair dyes | <input type="checkbox"/> Petrolatum | <input type="checkbox"/> Vaseline | <input type="checkbox"/> Glycerin |

Have you ever had one of the following?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hair Loss | <input type="checkbox"/> Trichotillomania |
| <input type="checkbox"/> Healing problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Low Blood pressure | <input type="checkbox"/> Rosacea | <input type="checkbox"/> Sensitivity to cosmetics | <input type="checkbox"/> Circulatory Problems |
| <input type="checkbox"/> Thyroid disturbances | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Botox/filler injections | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Fainting spells or dizziness | | | |

Any diseases or disorders not listed:

FEMALE CLIENTS ONLY

- Are you pregnant? Are you currently breastfeeding?

Do you have eczema, psoriasis, or dermatitis in or around the brow area? (Constant flaking/itching/irritation/shedding of skin)

Yes No

Do you have large pores on your forehead or in the brow area? (Pigment will blur/blend in large pores, looking powdered. Microshading is advised.)

Yes No

Do you suffer from autoimmune disorders of any kind? (i.e. MS, RA, Lupus or the like? Due to the medicines to treat these diseases, pigment will not retain)

Yes No

Do you have extremely thin skin? (Transparent/translucent or very vascular)

Yes No

Are you currently taking any medication, vitamins? (If yes please specify)

Yes No

Do you suffer from allergies? (If yes please specify)

Yes No

Do you smoke?

Yes No

Do you wear contact lenses?

Yes No

Have you ever had shingles on your face?

Yes No

Do you have an allergy or sensitivity to latex / rubber?

Yes No

Have you had your brows tinted within the last 2 weeks?

Yes No

Do you have any scars or experienced any head trauma in the brow area?

Yes No

Do you bruise or bleed easily?

Yes No

Are you prone to keloid scarring?

Yes No

Do you have healing problems?

Yes No

Is there any other additional information you would like to mention before the treatment?

Yes No

Microshading and Microblading are a way of cosmetic tattooing, intended to be semi- permanent lasting average of 12-18 months. On a rare occasion, the pigment may migrate under the skin. The procedure of Microshading or microblading may be uncomfortable. 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 anesthetic can occur. Permanent cosmetics cannot be performed if you are pregnant or nursing. 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 your permanent makeup procedure, you should notify/discuss it with your doctor. Possible scarring may occur.

I acknowledge that side effects can occur and I fully accept the risk. I understand that my permanent makeup artist, will take every precaution to minimize or eliminate negative reactions as much as possible. I will consult my permanent makeup artist first should I have any complications after receiving my treatment. I have been given the opportunity to ask questions and any questions have been answered to my satisfaction.

I have received an after-care and I'm fully aware of the after-care 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 (Printed Name)

Technician Name

Client Signature

Technician Signature

Date

Date



Kiss Kreation's Permanent Makeup and Tattoo Removal Salon Photo Release Consent & Instagram

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I would like your permission to use these photos for advertising. For example: Portfolios, online and print ads, etc. Your consent is necessary regarding this. Please click and indicate with your signature if you would like your photos used or not used in advertising. We also like to tag our clients in photos used on our Instagram profile! Please indicate if you'd like to allow this or not below.

Yes, feel free to use them

Yes please tag me on Instagram

No, please do not use them

No, please do not tag me

Client (Printed Name)

Client Signature

Date



Kiss Kreation's Permanent Makeup and Tattoo Removal Salon Disclosure & Release Form

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PLEASE READ AND INITIAL ALL LINES:

- Semi-permanent makeup can last 6-18 months depending on how your skin reacts to the procedure. There may be fading and/or discoloration. The result may not be what I expected to receive. I understand this is a semi-permanent makeup procedure that may take numerous follow-ups and touch-ups to get the desired result.
- There is no warranty or guarantee made to me as a result of this procedure and the final result cannot be guaranteed. There are no refunds for this procedure, as results will vary and individual results are not guaranteed.
- I have seen and agree with the pre-draw shape that my artist created. I understand that this is a guideline for the shape and size of my brow design and it may vary slightly once the procedure is done.
- There may be risks and hazards related to performing this procedure.
- There may be discomfort and pain during this procedure.
- There is a possibility of bleeding, swelling, redness, and allergic reactions to pigments.
- Microshading and microblading are considered semi-permanent and can/will fade over time.
- Tattoo removal procedures may be required to remove pigment from the skin. These procedures may cause scarring and permanent damage to the skin.
- The final result cannot be determined until brows are completely healed at 4 to 6 weeks.
- I understand that permanent and semi-permanent makeup procedures cannot be guaranteed and results cannot be predicted, as there are many variables that contribute to the final result, such as aftercare, skin type, lifestyle, etc.
- I have received post-care instructions and will follow them to ensure the results of my procedure are satisfactory.
- I am NOT under the influence of drugs and/or alcohol or any other mind-altering substance
- I fully understand the procedure and give permission to my technician to perform the service of Microshading and all procedures and steps involved.
- I have truthfully filled out the consent form and have informed my technician of all medications I have taken.
- I release Kiss Kreation's Permanent Makeup LLC and its representatives and license technicians of all claims and injuries, seen or unseen that may occur as a result of this procedure.

Client (Printed Name)

Client Signature

Date



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I _____ am over the age of 18, am not under the influence of drugs or alcohol, am not pregnant or nursing and desire to receive the indicated semi-permanent pigmentation procedure. The general nature of cosmetic micro-pigmentation, as well as the specific procedure to be performed, has been explained to me.

- ▷ If an unforeseen condition arises in the course of the procedure, I authorize my therapist to use his/her professional judgment to decide what he/she feels is necessary under the given circumstances. I accept the responsibility for determining the color, shape, and position of the microshading and/or microblading procedure as agreed during consultation. 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 color fades, the pigment itself may stay in the skin indefinitely.
- ▷ I have been informed that the 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.
- ▷ The result of the procedure can be affected 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 within 1-4 days. In some cases, bruising may occur. You may resume normal activities following the procedure, however, using cosmetics, excessive perspiration, and exposure to the sun should be limited until the skin has fully healed. Please see after care instructions for more details. The procedure results will look acceptable for you to appear in public without additional make-up on the brows.
- ▷ I have been advised that the true color will be seen 6 weeks 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 color can be given.
- ▷ I have been informed of the nature, risks, possible complications, and consequences of permanent skin pigmentation.
- ▷ I understand the permanent skin pigmentation procedure carries with it known and unknown complications and consequences associated with this type of cosmetic procedure, including but not limited to: infection, scarring, inconsistent color, and spreading, fanning or fading of pigments. I understand the actual color of the pigment may be modified slightly, due to the tone and color of my skin. I fully understand this is a tattoo process and therefore not an exact science but an art. I request the semi- permanent skin pigmentation procedure(s) and accept the permanence of this procedure as well as the possible complications and consequences of the said procedure

_____ (initial)

I certify that I have read and initialed the above paragraphs and have had explained to my understanding the consent and procedure permits. I accept full responsibility for the decision to have this microshading/microblading work done.

I _____ give _____ permission to perform my microshading procedure.

Client (Printed Name)

Client (Printed Name)

Client Signature

Client Signature

Date

Date



Kiss Kreation's Permanent Makeup and Tattoo Removal Salon MICROSHADING Aftercare/ Post-Care Instructions

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Please follow the post-care instructions below, and notify your technician if you have any concerns or adverse reactions .

- ▷ Please follow these instructions for at least 7 days after the procedure to improve and prolong the results of your new brows. If you don't follow these instructions, it can greatly affect your microshading results. Avoid getting anything on the brows, including water, except for cleansing as directed. You may blot for the first few hours with sterile gauze to remove any excess fluids, if necessary.
- ▷ No exercise for 7 days. After 7 days - when exercising, wear a sweatband to avoid sweat on brow area.
- ▷ Do not expose treated area to direct sunlight. After completely healed (30 days), use a sunscreen to avoid fading from the sun.
- ▷ Eyebrows will scab or become slightly dry following the treatment. If they itch, DO NO SCRATCH them.
- ▷ If your eyebrows get wet during the healing process, pat them dry with a towel, DO NOT RUB.
- ▷ Avoid using daily skincare products directly on the eyebrows.
- ▷ If you are due to give blood after the procedure, please inform your nurse about the microshading treatment you have had as this might alter the results.
- ▷ Chemical peels, or any other medical procedure should only be done once the healing process is complete; please take this into consideration if you're scheduling a touch-up as they cannot be done 6 weeks prior to microshading.
- ▷ No makeup should be applied directly on the brows during the healing process (30 days).
- ▷ To maintain results try to schedule a touch-up of your microshaded eyebrows at least once a year.
- ▷ No sun-tanning or salon tanning (after healed 30 days)

- ▷ Do not put the treated area directly into a hot shower spray.
- ▷ Do not use hot tubs, steam rooms or saunas.
- ▷ Do not go swimming.
- ▷ Do not touch, rub, pick or scratch your brows
- ▷ Do not apply ice or ice water to the treated area.
- ▷ Do not expose treated area to direct sunlight.

RECOMMENDED PRODUCTS / ADDITIONAL INSTRUCTIONS:

If you have any unexpected skin healing problem, infection please contact us immediately



Kiss Kreations Permanent Makeup and Tattoo Removal Salon MICROSHADING Pre-Procedure Advice

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WHAT IS MICROSHADING?

Microshading, also known as powder brow, is a new technique that creates the look of filled-in brows as opposed to traditional microblading that is in the form of strokes. It is the perfect sandwich between the old ways of tattooing and the new way of microblading. Using pigments and shading needles, the look is softer and fades within 1-3 years. It has been known to last longer than microblading before the need for a touch up.

Microshading is recommended for those with sensitive skin who cannot withstand the nature of the microblading process. This process is also more suited for people with oily skin as it is felt that “the microshading technique takes better to their skin type.” For mature skin, it is even recommended that a combination of microblading and microshading be applied as this normally requires drier skin types and thinning brows.

In order to provide you with the best possible service, we ask that you carefully review these general pre-care treatment instructions so you fully understand them. If you have any questions about these instructions, please discuss them with your esthetician prior to treatment.

- ▷ Please be aware that color intensity will be significantly darker and sharper immediately and a few days after the initial procedure, but the color will reduce by 30-50%
- ▷ Although numbing cream is used during the procedure, sensitivity or discomfort may still be felt. Skin may be red and/or swollen after the procedure.
- ▷ Please wear your normal make up on the day of your procedure
- ▷ Please do not drink alcohol 24 hours prior to the treatment.
- ▷ A patch test will be performed, unless waived by client.
- ▷ Please do not shape or wax your brows before the procedure. Your technician will shape brows during the procedure.
- ▷ No electrolysis for at least 5 days before the procedure.
- ▷ Botox, AHA products and retinoids should be avoided for 2 weeks prior to the procedure.
- ▷ Exfoliating treatments such as microdermabrasion should not be performed within 2 weeks prior to procedure.
- ▷ Chemical and laser peels should be avoided no less than 6 weeks prior to procedure.
- ▷ Patients prone to cold sores/fever blisters should take an anti-viral prior to treatment.
- ▷ Hormone therapies can affect pigmentation and/or cause sensitivity.

Questions?

If you have any question prior to treatment please discuss with your technician