



Consultation Questions

CONTACT INFORMATION

First Name _____ Last Name _____ DOB ____/____/____
Address _____ City _____ State ____ Zip _____
Contact Number: (____) _____ Email _____
Emergency contact _____ Emergency contact # _____
Preferred method of contact (email/text/phone) _____
Desired treatment _____ Desired Artist _____

TATTOO RELATED QUESTIONS

1. Do you have any tattoos?

- If yes, did you have any complications during the healing process?
- If no tattoos, we offer a complimentary Patch Test (separate appointment.) The patch test is to confirm no reaction to pigments used for the procedure. (All Pigments are Gluten Free & Vegan.) (YOU are responsible to request booking the Patch Test 24 hours prior to booking procedure.) _____ (initial)
- A waiver is available to sign the day of procedure if you are not interested in a Patch Test. _____ (initial)

2. Have you had your Brows-Eyes-Lips-Scalp previously treated somewhere other than Estilo Permanent Cosmetics?

- IF YES, please provide us with photos. Photos must be in natural light and without any makeup.
- If photos are not sent prior for approval and Artist is unable to treat the day of appointment, you will be charged FULL PRICE! *** _____ (initial)

Send photos to: info@estilo-salon.com

SKIN CARE

1. Are you currently using Retin-A/Retinoids/Retinols/Lactic Acid/Salicylic Acid, exfoliating acids (please check the list of ingredients of products you use, DO NOT list brand name.)

2. Do you use Tanning Beds?

- How often?

3. Do you have any vacations planned involving sun or water exposure?

- Please list details (dates)?

4. Have you had any Botox/Filler/Chemical Peels/Microneedling procedures recently?

- Do you plan to?

- Treatment & Date information

5. Do you have any skin conditions (dermatitis, psoriasis, vitiligo)? Please list condition and location:

6. What type of skin do you have (Dry / Mix / Normal / Oily)?

7. Do you have acne near or in the desired area?

MEDICAL HISTORY

1. Are you pregnant or breastfeeding?

- Do you plan to be in the near future?

2. Do you have any health conditions (diabetes, cancer, etc.)?

3. Please list all medications you take and what they treat?

4. Please list all Vitamins /Supplements (fish oil, etc.)?

5. Do you have a history of keloid formation (raised scar)? If yes, please provide location and date:

6. Do you consider yourself a Slow, Average or Quick healer? Do you consider yourself a bleeder?

7. Do you have any allergies to the topical numbing agent Lidocaine?

8. Do you have any other allergies?

9. Have you had any metal plates in your face or head?

- If so, please explain

APPOINTMENT DEPOSIT DETAILS

- Once you have been approved that Micropigmentation is a safe procedure for you, we will reach out to complete the deposit required to secure your spot and get you booked!
- A \$100 non-refundable deposit is required to book any Micropigmentation appointment. The deposit will be deducted from the final cost once the treatment is completed.
- If you need to reschedule your appointment, please provide a 48-hour notice. If this notice is NOT provided, the \$100 will be lost. _____ (initial)

AUTHORIZATION

By signing below, I acknowledge that the information disclosed in this form is accurate and complete and I have revealed all information to the best of my knowledge. I understand that this information will be kept confidential, viewed only by the staff of Estilo Permanent Cosmetics. I further understand that any changes in my health history should be re-documented and updated by me immediately. I will advise Estilo Permanent Cosmetics of any changes in my health or medical condition immediately. I will follow all pre and post care instructions for my treatments. _____ (initial)

CANCELLATION POLICY

Out of respect for our clinician's time and for patients on our waiting list, Estilo Permanent Cosmetics has a 48 hour cancellation policy. The time needed for the service(s) is reserved exclusively for you. By scheduling an appointment, you are agreeing to our cancellation policy. If you need to cancel or reschedule a reservation, we require a 48-hour notice. Estilo Permanent Cosmetics reserves the right to charge your credit card if the appointment is cancelled in less than the notice required by this cancellation policy. All micropigmentation appointments are a \$100 fee. You will be notified of any charges made to your account. _____ (initial)

PHOTOGRAPHY CONSENT AND RELEASE

I, the undersigned do hereby agree to the following. I am allowing Estilo Permanent Cosmetics staff members take photos of my treatments and/or treated areas to be used for the purposes of monitoring my progress by clinical chart documentation, education, advertising and/or social media (before & after photos/personal tagging.) _____ (initial)

Name: _____ Date: _____

Signature: _____

Guest Policies

1. **Non Refundable Deposit** – A deposit is required to book any Micropigmentation appointment. Deposits are non – refundable. The date the deposit is processed, you have 1 year to use the deposit. If you choose to cancel your appointment you may use the \$100 deposit on services offered by Estilo permanent Cosmetics staff.
2. **Rescheduling** - You **MUST** provide a 48 hour notice to reschedule your appointment or you forfeit the deposit.
3. **Initial Treatment Appointments** – If you are scheduling your first appointment, you will be requested to schedule a 6-12 week retouch appointment the same day
 - Eyebrow retouch is the cost of supply, \$100.
 - **PLEASE NOTE** – If the retouch appointment goes past the 6-12 week timeline, the retouch fee will increase in price.
4. **Annual (1-3 years) Appointments** – Annual fee is \$300 - \$350. If you decide to change or upgrade to a different technique, the cost is **FULL PRICE**.
5. **Children Policy** – **NO** Children are allowed at your scheduled appointment. This is a policy set in place due to insurance and our Medical Advisor. No exceptions will be made.
6. **Guest Policy** – This treatment does not allow any clients to bring a guest to their appointment.
7. **Patch Test** – If you'd like to schedule a patch test prior to treatment **YOU** are responsible to book this appointment 24 hours prior to your scheduled appointment.
8. **Prior To Treatment Requirements** – Please follow all requirements listed below. This is for the safety of all clients and to maximize results.

Prior To Treatment Requirements

1. **Skin Care** – If you are using any skin care products with Retinols, Retin A, Retinoids or Topical Acids (salicylic, lactic, hydroxy, exfoliating acids) please stop the use 4 weeks prior to procedure. Please Note: It is **YOUR** responsibility to check the ingredients in your skin care products. Schedule your appointment accordingly.
2. **Skin Treatments** –
 - **Chemical Peels/Microdermabrasion/etc (Topical Acid Treatments)** – Complete 4 weeks prior to procedure and do not plan another treatment until treatment process is complete. Wait at least 4 weeks post Micropigmentation completion.
 - **Micro-needling**– Complete 8 weeks prior to procedure and do not plan another treatment until treatment process is complete. Wait at least 8 weeks post Micropigmentation completion.
3. **Skin Conditions** – If you have psoriasis, eczema, dermatitis, acne or any other skin related issues and it becomes present in the area being treated prior to procedure you **MUST** call to reschedule your appointment 48 hours prior to procedure.
4. **Tanning + Returning from Vacation** – Please stop tanning 1 week prior to procedure or be sure skin is **NOT** burnt prior to procedure.
5. **Vacation** – Plan your vacation accordingly. Post treatment you will be advised to avoid **ANY** sun or water exposure for **AT-LEAST 2 weeks** or until you are fully healed.
6. **Botox Injections** – Schedule any Botox injections 4 weeks prior or post Micropigmentation appointment.
7. **Pregnancy** –
 - **Actively trying to conceive** - before your scheduled appointment you **MUST** take a pregnancy test 48 hours prior to procedure. If you are pregnant you **MUST** contact us immediately! This treatment is **NOT** safe for anyone who is pregnant.
 - If you complete your 1st treatment and become pregnant before your retouch appointment, you will **LOSE** the retouch appointment at the cost of \$100.
8. **Breastfeeding** – If you are breastfeeding you are **REQUIRED** to provide us with a doctor's note the day of procedure.
9. **Medications** – We may request a doctor note depending on medication. You **MUST** have the doctors note the day of procedure. It will be specified if needed.
10. **Vitamins/Fish Oil** – Please stop the use of any vitamins that boost your immune system 5 days prior to procedure.
11. **Keloid** – IF you have a history of keloid formation and choose to move forward with procedure, we will have a waiver for you to sign releasing our establishment of potential post treatment keloid formation.
12. **"Bleeder"** – If you consider yourself a "bleeder," please follow:
 - **NO** coffee/caffeine 2 days prior to procedure.
 - Stop the use of any pain killers 1 week prior to procedure.
 - No pain killers the day of procedure and 2 days post.

Medical History Form

First Name _____ Last Name _____ DOB ____/____/____ Today's Date: _____

Address _____ City _____ State _____ Zip _____

Contact Number: (____) _____ Email _____

Emergency contact _____ Emergency contact # _____

Preferred method of contact (email/text/phone) _____

ALLERGIES (Latex/Topicals/Anesthetics/Cosmetics/Medications) _____

General

- Metal Implants/Pacemaker
- Cold Sores/Herpes
- Connective Tissue Disorder
- HIV / AIDS (you may discuss privately)
- Cancer (please tell your clinician)
- Diabetes I or II
- Hepatitis
- Hemophilia / Blood Disorders
- Daily Aspirin Use
- Eye Disease / Condition
- Sinus Issues
- Autoimmune Disease (Lupus)
- High / Low Blood Pressure
- Heart Valve Abnormality
- Dizziness / Fainting
- Bruise Easily
- Iron Deficiency
- Current Vitamins _____
- Current Prescriptions (please list) _____
- Anxiety or Depression
- Asthma / Difficulty Breathing
- Allergy / Inhalant Sensitivity
- Chronic Fatigue or Pain
- Smoker
- Skin or Nail Infections

Endocrine System

- Thyroid or other Gland Disorder
- Diabetes / Type _____
- Steroid or Hormone Therapy
- Melasma / Mask of Pregnancy

Musculoskeletal System

- Fibromyositis / Myalgia
- Neck Pain
- Lower Back Pain

Neurologic System

- Headaches or Seizures
- Use of the prescription Dilantin

Female Patients

- Pregnant / Breast Feeding
- Menopause or Abnormal Menses

Dermatological Systems

- Acne / Cystic Acne
- Sun Damage/Skin Discoloration
- Eczema, Psoriasis or Rosacea
- Burns or Grafted Skin
- Keloid or Thick Scars
- Skin Cancer (please tell clinician)
- Reactive / Sensitive Skin
- Use of topical/oral steroids

Previous Treatments

- Dermatological Surgeries (Facial)
- Cosmetic/Laser Peels
- Dermabrasion
- Permanent makeup
- Botox and/or Dermal Fillers
- Accutane / Retin-A / retinol

When _____

Strength _____

By signing below, I acknowledge that the information disclosed in this health history form is accurate and complete and I have revealed all information to the best of my knowledge. I understand that this information will be kept confidential, viewed only by the staff of Estilo Permanent Cosmetics whom may be administering or assisting with my care. I further understand that any changes in my health history should be re-documented and updated by me immediately. I will advise Estilo Permanent Cosmetics of any changes in my health or medical condition immediately. I will follow all pre and post care instructions for my treatments.

Signature _____ Date _____

MICROPIGMENTATION AUTHORIZATION CONSENT FORM

First Name _____ Last Name _____ DOB ____/____/____
Address _____ City _____ State _____ Zip _____

Have you had previous micropigmentation / permanent cosmetic treatments? Yes No

If Yes, Previous Treatment Info: _____

Do you have a history of any of the following conditions?

Acne Scar Easily Pigment Easily Sensitive Skin Chronic Rashes Skin Growths Other _____

Please describe your daily Skincare Routine: _____

Do you wear Sun Protection Daily? Yes No

Do you use Tanning Beds? Yes No If yes, how often? _____

Are you currently using Retin-A/Retinoids/Retinols, Glycolic acid, or other strong exfoliating ingredients in your skincare regimen? _____

Have you had chemical peels or laser treatments within the last 6 months? Yes No Date: _____

Do you regularly receive Botox Cosmetic and/or Dermal Fillers? Yes No

Do you wear contact lenses? Yes No Have you consumed alcohol within the last 24 hours? Yes No

Would you consider yourself a slow healer? Yes No Do you scar easily? Yes No

For the purpose of education or assistance, I consent to the admittance of authorized observers of my treatment Yes No

Please note this important information regarding your Micro-Pigmentation Treatment

- Micropigmentation (also known as dermopigmentation) is a special aesthetic treatment used to correct, modify, beautify, and balance features.
- Micropigmentation usually takes 2 to 3 hours to perform and will last up to 3 years depending on your individual skin type/condition, and your diligence in post treatment care.
- It is important that you are in good overall health to ensure optimal results. Any chronic and abnormal health factor should be shared with your provider and disclosed on your medical history form.
- If taking or use of any ASA (Acetic Salicylic acid) products, such as daily Aspirin therapy, the client could have slight bleeding and feel some pain, being that this medication inhibits some factors of blood coagulation. That being said, we recommend you check with your physician and stop the use of any ASA for at least 5 days before the procedure if possible.
- The cost of this service includes a consultation, a patch test and a topical anesthetic before/during treatment.
- A \$100 deposit is required in order to book and reserve your appointment. The same amount will be credited towards the final cost of procedure. If appointment needs to be rescheduled, a 48 hour notice is required or you will lose the right to use the \$100 deposit.
- A retouch appointment must be scheduled the day of first treatment between 6-12 weeks after the date of procedure. This retouch is a \$100 fee. If scheduled past 12 weeks, you are subject to an additional fee. _____ (initial)
- In case there is a rare need for a third retouch due to difficulty of pigmentation of the skin, there will be a charge of \$100 for the cost of materials. This retouch NEEDS to be scheduled 6-12 weeks after your first (6-12 weeks) retouch for the cost to be \$100. We advise you book this appointment in advance. After 12 weeks you are subject to an additional fee. _____ (initial)
- It is important to clarify that Micropigmentation results are not guaranteed. Everyone heals and retains pigment differently and additional touch-ups may be required. A yearly maintenance retouch of pigment is recommended. The yearly maintenance fee varies case by case. Yearly maintenance can be discussed with the professional.
- We are a State, City & Establishment Licensed Facility. Our Office adheres to the recommended National Standards for sterilization procedures according to The Centers for Disease Control and Prevention (CDC). Our Professionals exclusively uses: Sterile forceps; pre-sterilized, single use, disposable probes; disposable examination

gloves; ultrasonic cleaner; autoclave; fresh table paper and rigid hand washing procedures.

- Book your appointments at least 2 weeks ahead of any important occasion, as it will take about 15 to 45 days for full healing. Plan vacations/sun exposure accordingly to maximize your results.
- Facial and hairline asymmetry is very common as is the asymmetry of your muscular function. So take note that one side of your face is never identical to the other, the same is true of your hairline. Because of this, we take pre-treatment photos for our records.
- Micropigmentation cannot be performed on women who are pregnant or breastfeeding.
- The best ways to increase the longevity of your results include wearing sun protection, avoiding skin care with strong exfoliating ingredients, keeping your treatment site hydrated, and wearing a hat outdoors.
- Be assured that our Professionals will provide a comfortable, safe and the best standard of care during your treatment. Our goal is YOUR best result!
- I acknowledge that I have read and understand each of these important points _____ (initial)
-
- Please initial these important notes about your Micropigmentation Treatment:
- I certify and attest that all the above information and medical history intake form information obtained from me is true to the best of my knowledge _____ (initial)
- I acknowledge my desire and interest in the Micropigmentation procedure and that the procedure has been fully explained to me by my clinician, including the usual risks inherent in the pigmentation process and the possibility of complications during or following the procedure _____ (initial)
- I understand that there may be a certain level of discomfort during my procedure and that adverse side effects may include minor/temporary bleeding, bruising, redness, swelling and discoloration _____ (initial)
- As it is not reasonably possible to determine whether I may have an allergic reaction to any of the pigments, dyes, topical preparations, or process/procedure, I agree to accept the risks that such a reaction may occur, although very rare _____ (initial)
- I understand that future laser treatments, plastic surgery, implants, injections, and other skin altering procedures may degrade or alter the appearance of my Micropigmentation and that Marie Rasmussen/Estilo Permanent Cosmetics is not at fault _____ (initials)
- I accept full responsibility for determining the color, shape and position of the pigments applied and understand that the actual healed color of the pigment applied will be modified slightly due to my skin's unique undertones _____ (initials)
- Everyone's skin is unique. Take note that certain skin types may suffer some pigment alteration due to certain medications, sun exposure, skin treatments, etc. The durability of pigmentation will vary according to skin and proper skin care after procedure _____ (initials)
- Redheads, Blondes and very fair skin types will most likely be red and swollen. If this is me, I acknowledge that pigment may NOT take and that there is a NO REFUND POLICY _____ (initials)
- I understand that oily, enlarged pores and/or acne prone skin types will have an increased chance of needing multiple sessions following the (6-12 week) retouch. Oily, enlarged pores and/or acne prone skin can affect pigment retention _____ (initials)
- I acknowledge that pigment implanted on darker skin types will not appear as bold or crisp as on lighter skin types _____ (initials)
- Alopecia clients, due to the change in skin texture, may require more frequent touch up and pigment may not take _____ (initials)
- I acknowledge that the procedure can result in a permanent change to my appearance and that no representations have been made to me as to the ability to later change or remove results _____ (initials)
- I understand that Micropigmentation is NOT an exact science, and I acknowledge that no guarantees have been made to me as to the results of the procedure _____ (initials)
- I understand that, due to the possible iron oxide crystals in pigment ink, that Micropigmentation may cause warming/tingling sensations during an MRI (Magnetic Resonance Imaging). I am aware that I should inform my physician that I have Micropigmentation as a precaution _____ (initials)
- I understand that if I have a history of keloid formation, I DO NOT hold Marie Rasmussen/Estilo Permanent Cosmetics responsible for any formation(s) following my treatment _____ (initials)
- Due to the fact that my approval is obtained PRIOR to final selection of shape and color to be applied, my clinician employs a NO REFUND POLICY _____ (initial)
- The procedure and all the implications related to the same were clarified and I am aware of my physical and psychological conditions, leaving the Professional and the Establishment out of any responsibility related to reactions post-treatment _____ (initial)
- I am not in any risk of and do not have an infectious disease, nor do I show any symptoms of a compromised immune system _____ (initial)
- I do not have drug or alcohol dependence _____ (initial)
- If I have received Tattoo Removal services prior to my Micropigmentation service, I acknowledge that, due to scar tissue and healing, I may require multiple treat-

ments to retain pigment ____ (initial)

- I acknowledge that Marie Rasmussen / Estilo Permanent Cosmetics can release me as a client at any time if I am not compliant with my procedure policies ____ (initials)
- I have received and reviewed the After Care instructions detailing after treatment skin care and policies, and I fully understand its contents. I take full responsibility for post-treatment care and will follow given instructions. I understand my compliance of these directions directly affect my results ____ (initial)
- I have been made aware that if I have any signs or symptoms of infection, such as swelling, pain, redness, warmth, fever, unusual discharge or odor to contact my physician. It is also my responsibility to take care of the treated site according to the instructions provided both verbally and in writing ____ (initial)
- I have received a patch test and did not have any reactions to the product ____ (initial)
- I decline, by free will, the right to receive the patch test to show any possibility of sensitivity to the skin. I take responsibility for any reaction my skin may have after the treatment. (Disregard this if patch test was accepted) ____ (initial)
- I understand and accept the Privacy Policy as described to me by my Technician ____ (initial)
- I release this establishment, it's owner and operators, of all responsibility concerning any damage or incident that may result from the treatment ____ (initial)
- I understand that photo documentation is necessary to provide an accurate record of pre-existing conditions and facial asymmetry ____ (initial)
- I authorize Estilo Permanent Cosmetics and staff to use my before and after images for marketing purposes such as Internet, posters, flyers, TV, etc. ____ (initial)
- I acknowledge by signing this consent form that I have been given the full opportunity to ask any and all questions about Micropigmentation procedures and processes from my clinician ____ (initial)
- I accept the responsibility of making my clinician aware of any updates to my medical history that may impact my treatments ____ (initial)

Client Name: _____ Client Signature: _____ Date: _____

Professional Signature: _____ Date: _____

MICROPIGMENTATION SKIN EVALUATION

(in office use only)

Skin Evaluation (Check Pre-Existing Skin Conditions)

Acne Eczema/Dermatitis Pitting Scarring Rash Hypopigmentation Hyperpigmentation

Enlarged Pores Moles Growths Rosacea Other Describe: _____

Type of Skin: Dry Mix Normal Oily

Response to Treatment

Tolerance to Treatment : Low Average High

Post Treatment Reaction: Redness Swelling Lymph

Chosen Procedure: Powder Microblading Fusion Microshading Hybroblading

Treatment _____ Date _____

Pigment Brand: _____ Color: _____

Topical Anesthetic Pre-Procedure: _____ Secondary Anesthetic: _____

Number of Passes: _____ Needle: _____

Notes: _____

Treatment _____ Date _____

Pigment Brand: _____ Color: _____

Topical Anesthetic Pre-Procedure: _____ Secondary Anesthetic: _____

Number of Passes: _____ Needle: _____

Notes: _____

Treatment _____ Date _____

Pigment Brand: _____ Color: _____

Topical Anesthetic Pre-Procedure: _____ Secondary Anesthetic: _____

Number of Passes: _____ Needle: _____

Notes: _____

Treatment _____ Date _____

Pigment Brand: _____ Color: _____

Topical Anesthetic Pre-Procedure: _____ Secondary Anesthetic: _____

Number of Passes: _____ Needle: _____

Notes: _____

Treatment _____ Date _____

Pigment Brand: _____ Color: _____

Topical Anesthetic Pre-Procedure: _____ Secondary Anesthetic: _____

Number of Passes: _____ Needle: _____

Notes: _____

Micropigmentation Post Treatment Care Important Information

The treated area will go through several phases during the healing cycle. The pigment will appear very sharp and dark immediately after the procedure and several days following. This is because the pigment is still sitting on top of the skin and has not settled in completely. The color of the pigment will soften gradually. Once the healing of your skin starts taking place, it will look like dandruff flakes or dry skin (DO NOT PICK!) This is just superficial color and dry skin being naturally removed from the area. Do not be alarmed if brows appear very dark initially and then very light during weeks 2 – 4. Color will reappear on surface once completely healed. After fully healed, always apply a layer of sunscreen with SPF 30 to 50 when exposed to the sun. Sun exposure might cause the pigment to fade much quicker than desired.

Some brows may heal very light or patchy, during your second session, your provider will be able to adjust the pigment and shape as needed.

INSTRUCTIONS

STEP 1: Gently wipe the area using a cotton round and a small amount of Aftercare Skin Cleanser 2-3 times a day.

STEP 2: Immediately after cleaning brows with Aftercare Skin Cleanser, apply a thin coat of Professional microblading & PMU aftercare using a Q-tip or clean fingertips.

Normal to dry skin: Apply THIN layer of Professional microblading & PMU aftercare 2-3 times a day for 4 weeks.

Oily Skin: Apply THIN layer of Professional microblading & PMU aftercare morning and evening for 4 weeks.

- KEEP AREA CLEAN. Only touch with exceptionally clean hands.
- NO MAKEUP on the treated area for 2-3 weeks.
- DO NOT SOAK the treated area in water. Be careful when washing your face and hair. No swimming, saunas, hot tubs or baths for 30 days.
- NO TANNING, sunbathing, tanning beds or spray tans for 30 days.
- NO EXCESSIVE SWEATING, intense exercise, sports, etc. for 7 – 14 days.
- NO SKIN TREATMENTS such as laser, chemical treatments/peels, Botox, or products containing retinol or acids for 30 days.
- NO PICKING, peeling or scratching of the areas in order to avoid scarring or removal of pigment until fully healed.
- NO HEAVY CLEANING such as garages, basements, and attics where there is an abundance of airborne debris.
- NO EXCESSIVE DRINKING for 24 hours. This can cause loss of pigment and longer healing time.

Contact your healthcare provider if any of the following occur:
unexpected redness, swelling, rash, drainage, or a fever within 48 hours following treatment.

Estilo Permanent Cosmetics

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