

OnPoint

BROWS & LINER



Orange Salon | 3815 Overland Rd. | Boise, Idaho 83705 | 208-353-5974 | info@OnPointBrowsandLiner.com
 www.OnPointBrowsandLiner.com

CONTACT DETAILS

Name:	Date of Birth:	Age:	Driver's License #:
Address:		City, State, Zip:	
Cell Phone:	Home/Work Phone:		
Phone Number:	Email:		
Referred By:			

Comments / Questions:

CONFIDENTIAL MEDICAL PROFILE

NAME:	DATE:
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To avoid unforeseen complications, please answer the following questions:

- Are you over the age of 18? Yes No
- Have you taken any Aspirin or Blood Thinners within the last 7 days? Yes No
If yes, when? _____
- Do you have a history of Cold Sores, Herpes, or Fever Blisters? Yes No
- Are you sensitive to Latex? Yes No
- Have you had a chemical/laser peel or microneedling in the past year? Yes No
If yes, when? _____
- Do you have problems with general healing? Yes No
- Previous problems with tattoos, or has your physician ever advised you to not have a tattoo?..... Yes No
- Are you or have you been undergoing radiation or chemotherapy in the last 12 months? Yes No
- Are you currently using Retin A, Accutane, or Alpha Hydroxy skin care products? Yes No
- Do you wear contact lenses? Yes No
If yes, I understand they MUST be removed prior to eyeliner procedure and should not be replaced no less than 24 hours later
- Are you allergic to any metals? Yes No

- Have you ever had any Permanent Makeup procedure before? *If yes, when?* _____ Yes No
- Have you had Botox or Filler? *If yes, when?* _____ Yes No
- Have you ever had any Tattoos before? Yes No
- Are you allergic to topical antibiotic preparation or desensitizers? Yes No
- e.g: Polysporin, Bacitracin, Neosporin, Petroleum Jelly or ANY of the "Caine" family of drugs.*
- Do you have a history of skin disease or remarkable skin sensitivities? Yes No
- Are you or have you been Pregnant in the last 12 months? Yes No
- Are you currently breastfeeding? Yes No
- Do you exercise regularly?..... Yes No
- If yes, how many days, on average, per week?* _____
- Have you used eyelash enhancing serums in the last 6 months? Yes No

Please check any of the following that pertain to you:

<input type="radio"/> Heart Condition <input type="radio"/> Allergies to Makeup <input type="radio"/> Accutane Treatment <input type="radio"/> Dry Eyes <input type="radio"/> Keloids <input type="radio"/> Hypertrophic <input type="radio"/> Diabetes <input type="radio"/> Stroke <input type="radio"/> Chest Pains <input type="radio"/> Shortness of Breath	<input type="radio"/> Hepatitis / HIV <input type="radio"/> Kidney Disease <input type="radio"/> Excessive Bleeding from minor injury <input type="radio"/> Hyper/Hypo pigmentation <input type="radio"/> Refractive Eye Surgery <input type="radio"/> Glaucoma <input type="radio"/> Autoimmune Disorder <input type="radio"/> Epilepsy / Seizures <input type="radio"/> Alopecia	<p><i>PLEASE EXPLAIN ANY CHECKED QUESTIONS OR SYMPTOMS, AND LIST ANY OTHER MEDICAL CONDITIONS NOT SPECIFICALLY MENTIONED.</i></p> <p>LIST <u>ALL</u> YOUR MEDICATIONS/VITAMINS/SUPPLEMENTS:</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Currently under the direct treatment of a Physician? If so:

PHYSICIANS NAME: _____ **PHONE:** _____

Permanent Makeup Technician makes no attempt to, or to claim to practice medicine. Some individuals will have complications related to permanent makeup application. These conditions are usually mild and last only a few days; however, extreme complications are always possible. You must approve the design and color before the application of your permanent makeup. Permanent makeup procedures are affected by the canvas that they are performed on. If your skin is sun-damaged, thick or uneven in texture, or excessively dry or oily, the result cannot be expected or predicted to be perfect or to follow normal healing guidelines. Scars on the lips from fever blisters may cause pigment removal. Touch-ups may be needed at 10-12 weeks after initial visit to ensure the satisfactory result and to keep your permanent makeup looking its best. Your procedure aftercare and maintenance, as outlined in your pre/post procedure directions is very important.

CLIENT SIGNATURE: _____ **DATE:** _____

CONSENT FOR PERMANENT COSMETICS

NAME:	DATE:
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I request and consent to my procedure(s) to be performed by _____.

PLEASE CAREFULLY READ AND INITIAL THE FOLLOWING STATEMENTS:

- _____ I understand that the booking fee is nonrefundable.
- _____ I understand that with time, pigment can and will fade and change color according to the following, but not limited to: normal-expected fading, certain health conditions, metabolism, age, skin type, medications, smoking, alcohol, sun exposure, use of any active ingredient skin care products.
- _____ I acknowledge that no guarantees have been made to me concerning the results of this procedure, and that the technician has recommended to me a natural look as it relates to my face shape, brow design and my skin/pigment tone. I accept responsibility in helping to determine shape, color, and position of the pigments that will be applied.
- _____ I understand due to the nature of the procedure, possible complications or adverse effects may occur as a result of the applied pigments or when aftercare instructions are not strictly adhered to. These may be short or long-lasting effects and include but are not limited to: scarring, infection, fanning, migration, hyperpigmentation, hypopigmentation, and allergic reaction.
- _____ I acknowledge the receipt of instructions advising me of the proper care of my procedure(s). I understand the necessity for following these instructions and understand that if it is found to be by **OPB&L** that aftercare instructions are not followed intentionally or otherwise, that any future procedure including no charge follow-up visits, *will not be completed* and that I may be dismissed as an **OPB&L** client. No Refund of any procedure will be given **OPB&L** has the best interest of the client and cannot risk the liability of a client willing to sacrifice result with improper care.
- _____ It is not reasonably possible to determine if I will have an allergic reaction to any of the pigments, dyes, topicals or processes used in the procedure(s). I have informed technician of any previous reactions or existing medical problems. I understand my body is unique and the technician cannot predict how my skin may react during, before or after procedure.
- _____ I fully understand this is a tattooing process, and therefore is an art, not a science. Furthermore, I understand that while symmetry is the goal; mirror image perfection is **unrealistic**. I understand that the actual outcome may be slightly different due to my bone structure, hair growth, eye shape, and musculature of the area, as well as the tone, texture and color of my skin. Due to the fact your approval is obtained prior to final selection of color to be implanted and design application(s), that all the facts about cosmetic tattooing have either been disclosed or discussed with you, and that you have been given full opportunity to have any and all questions answered, **On Point Brows and Liner** employs a NO REFUND policy.
- _____ I acknowledge that the procedure will result in a permanent change to my appearance and no guarantees have been made to later remove the result. Though the pigment may fade over time, there may be lasting effects on the skin, as this is an invasive procedure, even when pigment is no longer visible. I further understand that I am forever changing my *skin* as well in the treated area(s). I understand that the injury created to my skin may change my tone and/or texture of my skin.
- _____ I understand future laser or other skin altering procedures such as plastic surgery, implants, chemical peels, and/or injections may alter or degrade my permanent makeup. I further acknowledge that those changes are not to the fault of my permanent makeup technician. Any such change may not be correctable through future permanent makeup procedures.
- _____ I acknowledge that permanent makeup is my choice alone, and that I am not under the influence of anyone or anything that may sway my decision. I consent to the risks and application, and to action or conduct of the technician as deemed by them as reasonably necessary to perform the procedure(s)
- _____ **On Point Brows and Liner** has the right to refuse service to anyone for any reason at any time.
- _____ I understand before and after pictures are required. Cropped images not revealing full face may be used for marketing, or education purposes by **On Point Brows and Liner**. Images are property of **On Point Brows and Liner**.
Optional: I also authorize the use of my full-face images, if needed, for marketing, or education purposes by
On Point Brows and Liner. _____ INITIAL
- _____ I acknowledge & understand that if I have **combination/oily/severely oily** skin the pigment **WILL** heal/appear much softer and can look more solid due the overproduction of oil glands. The pigment **WILL** fade quicker, look blurred or more solid. I accept these risks and would like to proceed.
- _____ **Frequent** tanning and sun exposure **WILL** heal darker & fade the pigment much quicker. It is recommended to **NOT** have a tan/burn (30 days before/after) on your face at the time of your procedure.
- _____ If you are in Menopause and suffer from hot flashes, or your core temp runs hot, your pigment will/may fade, blur or not retain.
- _____ Frequent exercising **WILL** cause the pigments to fade, blur or not retain at all.
- _____ These statements are to remain in effect for as long as I remain a client of **On Point Brows and Liner** and all consent agreements apply whenever work is being performed on myself by **On Point Brows and Liner**. It is my responsibility to inform my technician if any changes have occurred in my medical history or medical treatment from my last visit.

By signing below, I acknowledge that I have been given full opportunity to ask any and all of the questions I may have. I also acknowledge that my questions have been answered to my full satisfaction. This consent is applicable to all visits during entire possible multi-session treatment plan period.

CLIENT SIGNATURE: _____ **DATE:** _____

POLICIES & POST-CARE AGREEMENT (PLEASE CAREFULLY READ AND INITIAL THE FOLLOWING POLICIES)

These policies apply to remain in effect for as long as I remain a client of On Point Brows and Liner and all its contents apply whenever work is being performed on myself by On Point Brows and Liner.

- ___ Arrival more than 10 minutes late to any appointment, it will likely result in having to reschedule. If you are rescheduled due to being late, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse the charge, you will not be scheduled again.
- ___ Cancellations/Reschedules need to be made with at least a 48-hour notice. If you don't cancel in advance, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse the charge, you will not be scheduled again.
- ___ No-Call / No-Shows are not tolerated. If you no call / no show any appointment, you will be charged 100% of your missed appointment. If you refuse the charge, you will not be scheduled again.
- ___ Balance is due the day of procedure. Cash, Cash App, Zelle, Venmo and Credit Card are accepted. Credit Card transactions will have a convenience fee of 2.75%. There is a \$25 fee for any returned payment.
- ___ Deposits and services are non-refundable.
- ___ If at any time, you go to another technician after **On Point Brows and Liner** has done your original procedure/s, we will no longer perform any future touch ups on you until color has faded. Without knowing exact products used, and the integrity of the other technician's work, quality cannot be predicted.
- ___ Clients who have had procedures performed by another technician will be charged the full new procedure price, according to the normal fee schedule, regardless of the procedure. We reserve the right to refuse any service or procedure. Any adjustment to fees or policies are at **OPB&L** sole discretion, and are made on a case-by-case basis, if applicable.
- ___ Due to the nature of your visit, no children are allowed in the treatment room during any procedure. We also ask that **no** small children are in front salon waiting area as you will be unable to attend to them. If you arrive with children, appointment will be rescheduled, and marked as a last-minute cancellation.
- ___ **If you are sick, getting sick, or have had any symptoms in the last FIVE days, reschedule your appointment, with proper notice. If you come to your appointment appearing sick, or showing signs/symptoms of illness, your appointment will be canceled. Please be considerate.**

AFTERCARE

DAY OF PROCEDURE

- Following your procedure, expect your color to be sharper, darker, and bolder than the final result. Once you have healed fully, the pigment they will look softer and about 20-30% lighter.
- ICE ICE ICE as much as possible for the first several hours. Shoot for 10 minutes of every hour.
- Gently cleanse and rinse eyes before bed. Apply aftercare ointment to skin once completely dry.
- Expect to see redness and swelling. Pigment may appear warmer than expected due to red skin.

DAY 2-7

- It is normal to wake up still very swollen with a "I cried myself to sleep" look... Tight, puffy, tender.
- Expect color to be darker than desired, especially initially as it typically intensifies.
- With a light touch of your fingertips, wash area with gentle cleanser, and rinse well. Eyes should be cleansed morning and night.
- Allow to air dry, and **do not scrub or pick at any time.**
- Apply aftercare balm supplied with clean q-tip **on dry skin only.** - Balm may be applied several times during the day, however only a THIN layer should be used at any time. A good rule of thumb is Apply whenever your skin looks or feels tight and dry. For reference of how much cream you should be using - think grain of rice.
- Area may begin to itch and appear slightly thicker in texture.
- The skin then begins to flake and take on a narrower appearance.

DAY 7-21

- You may continue to be dry and flaky, you may keep moisturized with supplied balm.
- **Do not pick any of these flakes**, allow to fall off on their own.
- After this time, treated area may take on a hazy, dull, light, muted appearance.
- Color will return {bloom} after healing is complete, typically between the 3rd and 4th week.

Keep in mind, when healing is complete, it is normal to have lighter/less saturated areas. You may lighten up to 30% the first time through.

IMPORTANT REMINDERS:

1. NO MASCARA or eye makeup for 7 days, or until skin is no longer dry and flaky.
2. A brand-new tube of mascara should be used when able to apply, and makeup brushes should be cleansed well before 1st use.
3. Sleep only on a CLEAN PILLOWCASE.
4. Do not use too much balm. Only a thin layer is needed at any time, the skin needs to "breathe" to heal properly.
5. Do not use ANY Retin A, Glycolic or Salicylic acid products at all while healing.
6. Do not use Peroxide or Neosporin on any treated area.
7. **Do not Scrub or Pick treated area.**

- 8. Avoid vigorous exercise and strenuous activity for 14 days.
- 9. Do not expose treated area to direct sunlight or tanning beds for at least 14 days.
- 10. Avoid Facials, Steam, Heavy Sweating (gym!!) and Long, Hot Showers for 14 days.
- 11. Avoid Swimming in Lakes, Ocean, Pools or Hot tubs for at least 14 days.
- 12. Avoid gardening or yard work for 14 days.
- 13. Avoid chemicals and irritants for 14 days, particularly fine mist type products.

CLIENT SIGNATURE: _____ **DATE:** _____

Current OPB&L Procedure Rates

**Rates subject to change at any time.*

BROWS - Initial Investment:

- New Non-Corrective Procedure..... \$550
- Corrective Shape or Color..... Price will vary case by case. Begins at an additional +\$50 per visit.

Touch-Ups:

- 8 to 12 weeks post initial procedure \$100
- 13 weeks to 12 months from previous procedure \$150
- 13 months to 18 months from previous procedure \$200
- 19 months to 36 months from previous procedure \$250
- Beyond 36 months from previous procedure Priced as a new procedure.

CLIENT SIGNATURE: _____ **DATE:** _____

DESIGN (Circle Your Answers)

I WOULD CONSIDER MY SKIN TYPE TO BE: Normal Dry Oily Combination: _____

I AM SEEKING A LOOK THAT: Is soft and natural Is more of a "Makeup Definitely There" look

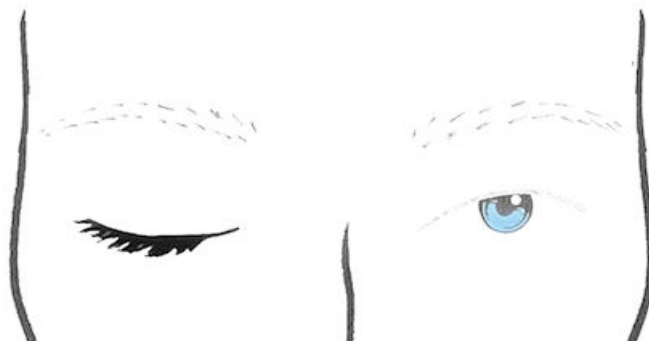
REMAINDER OF FORM TO BE COMPLETED WITH YOUR TECHNICIAN

APPLICATION CHOICE: Top & Bottom Liner / Enhancement Top OR Bottom Liner / Enhancement

EXTRA DESIGN NOTES: _____

PROCEDURE INTENSITY: Subtle Moderate Dramatic

PROCEDURE RATE: _____ **DEPOSIT PAID:** _____ **TOTAL DUE:** _____



EYELINER PROCEDURE

By signing below, I accept responsibility for the final choices for color, shape and position of the pigments that will be applied into my skin. I acknowledge that no guarantees have been made or promised to me concerning the results of this procedure, and the results of my follow-up visit between 10 - 12 weeks. I understand the nature of this procedure and the possible complications or adverse effects that may occur as a result of the applied pigments. I fully understand that all methods of applications are considered a tattoo process, therefore not a science but an art. I authorize hair removal to be completed as it pertains/affects my new design as deemed necessary by technician before or during procedure. I understand that hair removal changes done must be maintained at home to keep newly designed shape. Pigment selection is to be done together with my technician. I may be given color samples on my skin to choose from. This choice is my choice, but I will be given advice from my technician. I understand any sample on my skin may differ slightly than the healed appearance in my skin, either slightly lighter or slightly darker due to the texture, tone, and color of my skin.

CLIENT SIGNATURE: _____ **DATE:** _____

POST PROCEDURE CARE AND HEALING SCHEDULE

AFTERCARE

DAY OF PROCEDURE

- Following your procedure, expect your color to be sharper, darker, and bolder than the final result. Once you have healed fully, the pigment they will look softer and about 20-30% lighter.
- ICE ICE ICE as much as possible for the first several hours. Shoot for 10 minutes of every hour.
- Gently cleanse and rinse eyes before bed. Apply aftercare ointment to skin once completely dry.
- Expect to see redness and swelling. Pigment may appear warmer than expected due to red skin.

DAY 2-7

- It is normal to wake up still very swollen with a "I cried myself to sleep" look... Tight, puffy, tender.
- Expect color to be darker than desired, especially initially as it typically intensifies.
- With a light touch of your fingertips, wash area with gentle cleanser, and rinse well. Eyes should be cleansed morning and night.
- Allow to air dry, and **do not scrub or pick at any time.**
- Apply aftercare balm supplied with clean q-tip **on dry skin only.** - Balm may be applied several times during the day, however only a THIN layer should be used at any time. A good rule of thumb is Apply whenever your skin looks or feels tight and dry. For reference of how much cream you should be using - think grain of rice.
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- The skin then begins to flake and take on a narrower appearance.

DAY 7-21

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- **Do not pick any of these flakes**, allow to fall off on their own.
- After this time, treated area may take on a hazy, dull, light, muted appearance.
- Color will return {bloom} after healing is complete, typically between the 3rd and 4th week.

Keep in mind, when healing is complete, it is normal to have lighter/less saturated areas. You may lighten up to 30% the first time through.

IMPORTANT REMINDERS:

14. NO MASCARA or eye makeup for 7 days, or until skin is no longer dry and flaky.
15. A brand-new tube of mascara should be used when able to apply, and makeup brushes should be cleansed well before 1st use.
16. Sleep only on a CLEAN PILLOWCASE.
17. Do not use too much balm. Only a thin layer is needed at any time, the skin needs to "breathe" to heal properly.
18. Do not use ANY Retin A, Glycolic or Salicylic acid products at all while healing.
19. Do not use Peroxide or Neosporin on any treated area.
20. **Do not Scrub or Pick treated area.**
21. Avoid vigorous exercise and strenuous activity for 14 days.
22. Do not expose treated area to direct sunlight or tanning beds for at least 14 days.
23. Avoid Facials, Steam, Heavy Sweating (gym!!) and Long, Hot Showers for 14 days.
24. Avoid Swimming in Lakes, Ocean, Pools or Hot tubs for at least 14 days.
25. Avoid gardening or yard work for 14 days.
26. Avoid chemicals and irritants for 14 days, particularly fine mist type products.

CLIENT SIGNATURE: _____ **DATE:** _____

POLICIES AND FEES

(FOR YOUR RECORDS. SIGNED COPY ON FILE WITH OPB&L.)

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- ___ Arrival more than 10 minutes late to any appointment, it will likely result in having to reschedule. If you are rescheduled due to being late, you will be charged 50% of your missed appointment, on top of the appointment fee. If you refuse the charge, you will not be scheduled again.
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Current OPB&L Procedure Rates

**Rates subject to change at any time.*

Eyeliner:

- New Non-Corrective Procedure \$500
- Additional Perfecting Visit within 90 days of initial procedure \$100

Brow:

- New Non-Corrective Procedure \$550
- Additional Perfecting Visit within 90 days of initial procedure \$100

Lips:

- New Non-Corrective Procedure Full Lip Tint \$550
- Additional Perfecting Visit within 90 days of initial procedure \$100

Touch-Ups:

- 8 to 12 weeks post initial procedure \$100
- 13 weeks to 12 months from previous procedure \$150
- 13 months to 18 months from previous procedure \$200
- 19 months to 36 months from previous procedure \$250
- Beyond 36 months from previous procedure Priced as a new procedure.

CLIENT SIGNATURE: _____ **DATE:** _____