



# AFTERGLOW

Laser Spa

649 Colborne St. London, ON N6A 3Z2 Inside Whole Health Naturopathic Clinic 519-697-9129

Permanent & Semi Permanent Makeup

## Intake Forms

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### Client Information:

Full Name: \_\_\_\_\_ Sex: Female \_\_ Male \_\_

Birth Date: \_\_\_\_\_ Today's Date : \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Thank you for choosing Afterglow Laser Spa

To whom may we give thanks for your visit to our spa?

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Found us on your own? How did you hear about us? (ex: web browser, kijiji, facebook, word of mouth, etc.)

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What other services are you interested in learning about? (ex: 3D microblading, age spot reduction, spider vein treatments, laser hair removal, lash lift and tint, etc.)

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### Referral Rewards:

If you know anyone who could benefit from any of our services, please print your name on our *Referral Reward Cards* and pass it out to as many people as you like. **For new clients, it has a value of \$25, applicable to any regular priced service. Plus, if they use it, we will give you a \$25 credit as well.** There is no limit to referral credits, so spread the word about Afterglow Laser Spa, and you can stock up your credits for something good!



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Do you wear contact lenses? Yes \_\_\_ No \_\_\_ (If yes, you must remove them before the procedure. Please bring eyeglasses to your appointment if necessary)

Are you allergic to anesthetics? Yes \_\_\_ No \_\_\_ If yes, please list:

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Have you had surgery around the eye area? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Do you have allergies? (i.e. latex, bandages, medical tape) Yes \_\_\_ No \_\_\_ If yes, please list:

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Do you have any body tattoos? Yes \_\_\_ No \_\_\_

Are you pregnant? Yes \_\_\_ No \_\_\_

Are you Diabetic? Yes \_\_\_ No \_\_\_

Do you bruise easily? Yes \_\_\_ No \_\_\_

Do you swell easily? Yes \_\_\_ No \_\_\_

Do you any any serious medical conditions? Yes \_\_\_ No \_\_\_

Have you ever tested positive for HIV or HEPATITIS? Yes \_\_\_ No \_\_\_

Are you presently taking any medications such as immunosuppressants, anti-inflammatory, or steroid? Yes \_\_\_ No \_\_\_ If yes, please list: \_\_\_\_\_

Are you allergic to over the counter antihistamines? (i.e. Benadryl) Yes \_\_\_ No \_\_\_

Are you allergic to antibiotics? (i.e. Polysporin) Yes \_\_\_ No \_\_\_

Do you use skin care products containing Retin A, Vitamin A, Hyaluronic Acid, Glycolic Acid, Hydroxy Acid ? Yes \_\_\_ No \_\_\_

Have you ever had a fever blister, cold sore, or canker sore? Yes \_\_\_ No \_\_\_



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Do you have any of the following that are known to contribute to premature hair loss:

Hormone imbalance or extreme stress? Yes \_\_\_ No \_\_\_

Recent severe illness or major injury? Yes \_\_\_ No \_\_\_

Trichotillomania? Yes \_\_\_ No \_\_\_

Conditions that require chemotherapy, blood thinners (anticoagulants) or blood pressure meds (beta blockers)? Yes \_\_\_ No \_\_\_

Are you taking any medication prescribed for hair loss, thyroid disease, alopecia, lupus, diabetes? Yes \_\_\_ No \_\_\_

Vitamin/Mineral deficiencies contributing to hair and eyelash loss? (A, F, B, Zinc, Iron, Se)  
Yes \_\_\_ No \_\_\_

Have you had Botox done recently? If so, how long ago? \_\_\_\_\_

Do you have any keloid scars? Yes \_\_\_ No \_\_\_

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I, the undersigned, (print full name) \_\_\_\_\_, have answered the above questions fully, and truthfully, and will advise Afterglow Laser Spa if any changes occur, prior to any future procedures.

\_\_\_\_\_ Client Signature

\_\_\_\_\_ Date: (dd/mm/yyyy)

\_\_\_\_\_ Technician's Signature



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### Consent Form:

I understand and hereby consent to Afterglow Laser Spa taking photographs of the undersigned, both before and after any procedures being taken by Afterglow Laser Spa at the request of the undersigned.

It is further acknowledged that from here on, any photographs be authorized for use of compiling an album to use in showing potential clients completed procedures.

If you do not wish for Afterglow Laser Spa to use before and after photos publicly, please initial this sentence.

The undersigned acknowledges that it has been advised not to wash the treatment area for a minimum of 48 hours, not to use any exfoliants in the procedure area, no tanning bed use, and to maintain a coat of aftercare balm on the treatment area to keep it from scabbing. The undersigned further accepts full responsibility, or indemnifies and holds Afterglow Laser Spa harmless and without liability of any kind, whatsoever of the pigment and colouration, and position of all semi permanent, or permanent makeup procedures undergone at Afterglow Laser Spa.

The undersigned further understands and acknowledges that all of the procedures taken on and consented to herein have been fully explained and the undersigned fully understands the nature and scope and repercussions of the herein, consented to being performed and the undersigned herein fully accepts responsibility for any and all results of the said procedure.

The undersigned further acknowledges that the information provided by the undersigned to Afterglow Laser Spa is being provided for Afterglow Laser Spa for the purpose of internal compilation of information and under no circumstances is it deemed to be given for the purpose of Afterglow Laser Spa or any of its employees giving or making any medical decision, opinion, diagnosis, or representation to the undersigned or any other party whatsoever.

The undersigned hereby consents to Afterglow Laser Spa performing the permanent makeup procedure.

And the undersigned, in consideration of Afterglow Laser Spa completing the above described procedure, hereby forever releases and further agrees not to make any claim or demand or commence loss or any relief whatsoever against Afterglow Laser Spa in respect to any cause, matter of thing whatsoever existing relating to the procedure performed as described herein.

The undersigned further agrees that this release shall be deemed to have been made and shall be constructed in accordance with the Laws of the Province of Ontario.



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This release shall ensure to the benefit of and be binding upon Afterglow Laser Spa, the undersigned and their respective administrators, legal personal representatives, successors and assigns.

In witness whereof the undersigned has caused this release to be executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Client Name (print full name) \_\_\_\_\_

Do you require a physician's note? Yes \_\_\_ No \_\_\_ Understand, physician's notes must be on their letterhead or prescription pad.

Are there any other areas of concern not mentioned?

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Client Signature

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Technician Signature



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### **Aftercare Instructions:**

The best results of your healed permanent makeup application relies heavily on the quality of care after you arrive home. Please be sure you understand what you need to do, and feel free to ask us anything if you are unsure.

### **Before Your Appointment:**

- Please remove contact lenses before any permanent makeup application near the eyes
- Contact lenses can be replaced immediately after the procedure.
- Refrain from brow waxing for 3 days prior to your appointment and 4 weeks after your appointment.
- Do not do facial peels or skin rejuvenation 4 weeks prior to your appointment, and 4 weeks after your touch up. Please note, these products and services will decrease the lifespan of your permanent makeup.
- No tanning 3 days before your appointment.
- Do not drink coffee, alcohol or energy drinks on the day of your appointment.

### **What to Expect from Week One:**

- Avoid direct water contact with the treatment area. Water can expand the wound and cause scabbing.
- Maintain a layer of aftercare balm for 5-7 days. We recommend anything that is NOT petroleum based, and does not have any peppermint, or menthol, as it will sting.
- If you need to clean the area, dab with a damp gauze pad or wet paper towel, apply ointment.
- If you have an oily skin type, use of Witch Hazel can reduce the amount of oil.
- After day 3, you may notice an itchy sensation. This means it is healing.
- Peeling will occur, do not pick or pull at anything, let it come away on its own.
- For Lips--Do Not: eat salty, spicy, sour or acidic foods and beverages. Because your lips are open to the elements, we recommend that you refrain from kissing, and oral sex until the lips are completely healed.
- For Lips--Do: use non petroleum based lip balm for a minimum of 14 days.

### **2-6 Weeks:**

- You may now use your usual cleansers, but be sure to avoid any creams and serums containing Retin A, Vit. A, peels and toners on your tattoo, this will cause fading.
- Be sure to book your 6 week touch up before you leave.
- Call or text if you have any questions at all **519-697-9129**.