

S A N D Y B R O W S  
N A N O H A I R S T R O K E S

# RECORD BOOK



CLIENT NAME:

HOW DO YOU HEAR ABOUT US:

☐☐☐☐☐☐☐

# N A N O   H A I R   S T R O K E S

## CLIENT INTAKE FORM

### CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Female ☐ Male ☐ NB

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to be added to our email list for news and exclusive offers? Yes ☐ No ☐

### MEDICAL HISTORY

*Do you have or have you had any of the following conditions? If yes, please select them:*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alopecia       | <input type="checkbox"/> Childbirth within 120 days | <input type="checkbox"/> Low blood pressure   |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Conjunctivitis             | <input type="checkbox"/> Circulatory problems |
| <input type="checkbox"/> Blepharitis    | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Rosacea              |
| <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Healing problems           | <input type="checkbox"/> Thyroid disease      |
| <input type="checkbox"/> Cancer/Chemo   | <input type="checkbox"/> Eczema                     | <input type="checkbox"/> Recent eye infection |
| <input type="checkbox"/> Cataract       | <input type="checkbox"/> Glaucoma                   | <input type="checkbox"/> Sensitive eyes       |

Are you allergic to perm solution? ☐ No ☐ Yes

Are you allergic to Hair Dye? ☐ No ☐ Yes

Do you have any other allergies: ☐ No ☐ Yes: \_\_\_\_\_

Are you, or could you be pregnant? ☐ No ☐ Yes

# N A N O   H A I R   S T R O K E S

## CLIENT INTAKE FORM

Have you ever had eyebrows treatment before? ☐ No ☐ Yes

If yes: were they applied by a professional? ☐ No ☐ Yes

Which treatment did you have? \_\_\_\_\_

### EYEBROWS HISTORY

Have you ever had microblading? ☐ No ☐ Yes

Have you tinted your brows in the last 6 months? ☐ No ☐ Yes

If yes, what method did you use? \_\_\_\_\_

If yes, have you ever had an adverse reaction? ☐ No ☐ Yes

If yes, please explain \_\_\_\_\_

Have you ever had an allergic reaction to hair dye? ☐ No ☐ Yes

If yes, please explain \_\_\_\_\_

Have you ever had an allergic reaction to a perm? ☐ No ☐ Yes

If yes, please explain \_\_\_\_\_

Are your eyebrows microbladed? ☐ No ☐ Yes

If yes, when did you get them done \_\_\_\_\_

Do you use any of the following products on your eyebrows?

☐ Pencils    ☐ Powders    ☐ Other: \_\_\_\_\_

*By signing below, you agree to the following:*

*I have completed this form truthfully and to the best of my knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition/s that would make the requested treatment unsuitable. I agree to waive all liabilities toward my technician and the employer for any injury or damages incurred due to any misrepresentation of my health.*

\_\_\_\_\_  
*Esthetician (signature)*

\_\_\_\_\_  
*Client Name (signature)*

\_\_\_\_\_  
*Date*

# M I C R O B L A D I N G CLIENT CONSENT FORM

I hereby consent to and authorize \_\_\_\_\_ to perform the following procedure: \_\_\_\_\_.

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your microblading, please be aware of the following information and possible risks.

Please initial each statement:

- \_\_\_\_\_ I agree to have Microblading applied to my natural eyebrows. By signing this agreement I consent to the procedure of Microblading by my technician
- \_\_\_\_\_ I understand that I might have an allergic reaction to the pigment or anesthetic cream used in the procedure and I accept the risk that such a reaction is possible
- \_\_\_\_\_ I understand that infection is always possible as a result of the procedure, particularly in the event that I do not take proper care of the area following the procedure
- \_\_\_\_\_ I agree that if I experience any of these medical conditions with my eyebrows that I will contact my technician and consult a physician at my own expense
- \_\_\_\_\_ I realize that variations in color may exist between the color selected and how it will ultimately look after my brows have healed
- \_\_\_\_\_ I understand that the procedure area will be dark for approximately the first six (6) days and will lighten thereafter
- \_\_\_\_\_ The final result will often not be obtained without returning for a touch up visit to reshape or augment areas within the brow. This is usually done at least four (4) weeks after the initial visit
- \_\_\_\_\_ The final appearance of the brow will be achieved 6-8 weeks after the final visits
- \_\_\_\_\_ Microblading will result in semi-permanent change my appearance (it usually lasts between 6 months to one (1) year and that no representation has been made to me as to the ability to later change or remove the results
- \_\_\_\_\_ Skin treatments such as laser hair-removal, plastic surgery or other skin altering procedures may result in adverse changes to the procedure area

# M I C R O B L A D I N G CLIENT CONSENT FORM

- \_\_\_\_\_ I'm not currently under influence of alcohol or recreational drugs
- \_\_\_\_\_ I do not have any type of rash or infection anywhere on my body
- \_\_\_\_\_ I do not have any type of rash or infection anywhere on my body
- \_\_\_\_\_ I have/will receive after care instructions and agree to follow them. I also agree that if I do not follow these instructions, any touch-up needed will be done at my own expense
- \_\_\_\_\_ I understand and accept the responsibility for determining the color, shape and position of the microblading procedure as agreed during consultation.
- \_\_\_\_\_ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes

*By signing below I agree to the following:*

*I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.*

*This agreement will remain in effect for this procedure and all future follow-ups conducted by the technician. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the brow lamination procedure, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows:*

\_\_\_\_\_  
*By his or her signature below, he or she ratifies and consents to this procedure under these terms.*

\_\_\_\_\_  
*Esthetician (signature)*

\_\_\_\_\_  
*Client Name (signature)*

\_\_\_\_\_  
*Date*

# N A N O   H A I R   S T R O K E S

## AFTERCARE INSTRUCTIONS

### FOR THE FIRST 24 HOURS

- Keep your eyebrows dry by dabbing them with a clean paper towel after

### AFTER 24 HOURS

- Gently clean the treated area daily with warm water and a non-alcohol-based soap or baby shampoo and blot it to dry. Do not scrub, rub, wipe, or scratch the treated area.
- Apply a thin layer of ointment twice a day until you no longer have scabs
- Do not wear makeup or apply any products other than the supplied ointment on the treated area
- Do not pick, peel, rub, or scratch the treated area. Allow it to heal naturally
- Gently cleanse your eyebrow daily with an approved permanent makeup cleanser
- If you have oily or combination skin then you should be using blotting pads to soak up excess oil. This will help your eyebrows heal with more color

### FOR THE FIRST 14 DAYS

- Do not use a swimming pool, hot tub, sauna, or jacuzzi, nothing that makes you sweat
- Avoid sun exposure and tanning beds
- Allergic reaction or infection: it is rare, but there is a chance of allergic reaction or infection.
- At any time you are uncomfortable please visit your physician for further information

### FOR THE FIRST 28 DAYS

- Avoid hot steam showers as they can cause dehydrated skin and inflammation/cellular breakdown
- After the healing period, always use a sunblock or a lip balm with SPF 50 to protect from sun fading

# NANO HAIR STROKES TREATMENT RECORD

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_



## TREATMENT NOTES

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## ITEMS USED:

PIGMENTS

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ANESTHESIA

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REACTIONS

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BLADES

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PAIN LEVEL

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# N A N O   H A I R   S T R O K E S

## EYEBROW GUIDE



Arched



Rounded



Straight



Steep Arch



S-Shaped



Upward



☐ Arched

☐ Rounded

☐ S-Shaped

☐ Straight

☐ Steep arch

☐ Upward

ADDITIONAL NOTES

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# PRODUCT INVENTORY

| Date | Product | Quantity | Cost | Price | Profit |
|------|---------|----------|------|-------|--------|
|      |         |          |      |       |        |
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|      |         |          |      |       |        |

# N A N O   H A I R   S T R O K E S

## PRICE LIST

|              |        |
|--------------|--------|
| Bold Brows   | \$ 750 |
| Powder Brows | \$ 600 |
| Ombre Brows  | \$ 655 |
| Latin Brows  | \$ 600 |
| Nano Brows   | \$ 650 |

|                     |        |
|---------------------|--------|
| 3D Feather          | \$ 350 |
| Perfection Re-touch | \$ 280 |

|                           |        |
|---------------------------|--------|
| Brow shape                | \$ 40  |
| Brow tint                 | \$ 45  |
| Brow wax                  | \$ 45  |
| Brow shape & tint         | \$ 75  |
| Brow wax & tint           | \$ 100 |
| LashLifting               | \$ 135 |
| Eyelash tint              | \$ 55  |
| Eyeliner upper only       | \$ 250 |
| Eyeliner upper &<br>lower | \$ 560 |
| Lips                      | \$ 580 |

# DAILY PLANNER

DATE

/ /

## GOALS

- ☐
- ☐
- ☐
- ☐
- ☐

## TO DO LIST

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## TODAY'S APPOINTMENT

TIME:

EVENTS:

BREAKFAST:

LUNCH:

SNACK:

DINNER:

## NOTES

# MONTHLY CALENDAR

MONTH OF

|        | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------|-----|-----|-----|-----|-----|-----|-----|
| WEEK 1 |     |     |     |     |     |     |     |
| WEEK 2 |     |     |     |     |     |     |     |
| WEEK 3 |     |     |     |     |     |     |     |
| WEEK 4 |     |     |     |     |     |     |     |
| WEEK 5 |     |     |     |     |     |     |     |

GOALS