

## Brow lamination customer intake & consent form

Name:		Appointment:
Address:		Appointment time:
City:	Province:	Technician:
Postal Code:	Phone:	Service:
Email:		
<b>Brow History</b>		
1. Have you ever had your brows laminated? If yes, have you ever had an adverse reaction? If yes, please explain _____		Yes ___ no ___ Yes ___ no ___
2. Have you ever had an allergic reaction to hair perming products? If yes, please explain _____		Yes ___ no ___
3. Are your eyebrows micro bladed? If yes, when did you get them done: _____		Yes ___ no ___
4. Are you currently using any skin care or exfoliating products around the eyebrows with the following ingredients: Retina A, Glycolic Acid, Salicylic Acid, Alpha Hydroxy products, Cortisone or Acne Products?		Yes ___ no ___
5. Have you recently bleached or tinted your eyebrows? If yes, when did you get them tinted or bleached? _____		Yes ___ no ___
<b>Medical History</b>		
Are you pregnant or breastfeeding?		Yes ___ no ___
Do you have, or are you being treated for any kind of injury? If yes, when did you get them done: _____		Yes ___ no ___
Are you currently taking any medication? If yes, please list: _____		Yes ___ no ___
Are you currently using Retinal around the eyebrows or taking Accutane or similar medications?		Yes ___ no ___
Do you have any of the following conditions? (Please check all that apply) <input type="radio"/> Eczema <input type="radio"/> Psoriasis around the eyes <input type="radio"/> recent eye surgery <input type="radio"/> recent eye infection <input type="radio"/> sensitive skin <input type="radio"/> sunburn <input type="radio"/> other		
Please list any illness or condition you are currently being treated by a physician for: _____		

Although every precaution will be taken to ensure my safety and wellbeing before, during and after the brow lamination process, I am aware of the following information and possible risks. Please initial:

- I understand that during the treatment, despite all precautionary measures, injury is possible, I will not hold the technician or business performing this service on me responsible in any way for any damages or issues that may arise as a result of having the brow lamination procedure performed on me.
- I understand that some irritation, itching or burning may occur to the skin which comes in contact with the lamination agent.
- I understand that an allergic reaction is possible.
- I understand that it is imperative that I disclose all the information requested on the client consent form.
- I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.
- I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.
- I agree that if I experience any ill effects with my brows with my brows that I will contact the technician that performed the procedure.
- I understand that brow lamination is the process of restructuring the brow hairs to keep them in a desired shape, but it is my responsibility to brush my brows daily to maintain the desired look.
- I understand that I need to keep my eyebrows free of water for 48 hours after the brow lamination process.
- I understand I need to wait 6-8 weeks between getting brow laminations.
- I understand that I should consult with a physician if pregnant or breastfeeding before a brow lamination.

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 I do not have any conditions(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.

Date: \_\_\_\_\_ client signature: \_\_\_\_\_

Date: \_\_\_\_\_ parent/Guardian signature: \_\_\_\_\_