Brow Treatment Consultation & Consent Form

Client Information

Full Name: _____

Date of Birth: _____ Age: _____

Phone: _____

Email: _____

Medical & Health Questionnaire

- Are you pregnant or breastfeeding? ☐ Yes ☐ No
- Do you have any allergies (including to hair dye, tint, or adhesives)? ☐ Yes ☐ No
- Do you have sensitive skin or a history of reactions to waxing, tinting, or brow products? ☐ Yes ☐ No
- Do you have any skin conditions (eczema, psoriasis, dermatitis, acne, etc.) in the brow area? ☐ Yes ☐ No
- Do you currently have cuts, abrasions, or sunburn around the brows? ☐ Yes ☐ No
- Have you recently had Botox, fillers, or chemical peels near the brows/forehead (within the last 2 weeks)? ☐ Yes ☐ No
- Are you using any topical creams/medications (e.g., Retinol, Accutane, steroids, acne treatments)? ☐ Yes ☐ No
- Do you suffer from any eye conditions (conjunctivitis, styes, blepharitis, etc.)? ☐ Yes ☐ No
- Do you wear contact lenses? ☐ Yes ☐ No
- Have you had a patch test for brow lamination/tint within the last 48 hours? ☐ Yes ☐ No
- If yes to allergies, please list: _____

Treatment Information & Risks

- Waxing: May cause temporary redness, irritation, or sensitivity. Not suitable for broken or inflamed skin.

- Brow Lamination: Not suitable for clients with very sensitive skin, pregnancy (without medical approval), or damaged brow hair. Results vary depending on natural hair growth.

Client Acknowledgement & Consent

- I confirm that the information I have provided is accurate and complete.
- I understand the nature of the treatment(s) and the potential risks involved.
- I confirm that I have had a patch test (where required) and have disclosed any allergies.
- I understand results may vary and multiple sessions may be required.
- I release my brow technician from liability for any allergic reactions, skin sensitivity, or outcomes beyond their control.

Client Signature: _____ Date: _____

Technician Signature: _____ Date: _____