

Appointment Day & Time:

# BROW LAMINATION

## CLIENT CONSULTATION FORM

MM	DD	YYYY	HH:MM
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Please fill out this form on your first appointment.  
 Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Full Name

Address

Zip / Postal Code

State / Province

City

Date of Birth

Phone

Email

Health Care Provider

Have you ever had a brow lamination before?  
 If yes, when was that?

Yes  No

Brow Lamination is an eyebrow styling treatment involving 3 compositions, tint and wax. The aim of brow lamination is to reset the brow hairs, making them more pliable and easy to control. Your brow hairs will only be fixed into the position for a couple of days. Following on from this, you will need to use a clean mascara wand to brush your eyebrows into desired position.

Please check if you have ever suffered from any of the following:

- |                                      |  |   |                                      |
|--------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Eczema      | <input type="checkbox"/> Uncontrolled Epilepsy | <input type="checkbox"/> Recent Scar Tissues        | <input type="checkbox"/> Allergies   |
| <input type="checkbox"/> Sunburn     | <input type="checkbox"/> Blood Borne Viruses   | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Psoriasis             | <input type="checkbox"/> Blood/Circulatory Disorder | <input type="checkbox"/> Stye        |
| <input type="checkbox"/> Cold Sore   | <input type="checkbox"/> Conjunctivitis        | <input type="checkbox"/> Moles                      |                                      |

If you have any inflammation, swelling, cuts or abrasions in the treatment area, the treatment cannot be done.

Are you taking any medication which could affect the treatment?  
 (Blood thinners, Roaccutane, etc.)

Yes  No

Have you had an eyebrow tint before?

Yes  No

If yes, was it a good experience?

Yes  No

If no, please explain:

If yes, did you experience any reaction to the tint?

Yes  No

If yes, please explain:

# CONSENT FOR BROW LAMINATION

*I UNDERSTAND AND I AGREE TO THE FOLLOWING COMPLETELY: (PLEASE INITIAL EACH STATEMENT)*

\_\_\_\_\_ I agree to have a brow lamination with tinting applied to my eyebrows and/or retouched.

\_\_\_\_\_ I choose to waive the patch test.

\_\_\_\_\_ I understand that the patch test does not guarantee that an allergic reaction will not occur.

\_\_\_\_\_ I understand that tinting has some inherent risk of irritation to the eye area, including the eye itself and could result in stinging or burning, blurry vision and potentially blindness should the product enter the eye. I understand that if the products accidentally meet my eye, my eye will be flushed with water and medical attention may be required.

\_\_\_\_\_ I understand that there may be residual staining left on the skin after the tinting process. This will fade and go away within a short time.

\_\_\_\_\_ I understand there may be swelling or irritation in the waxed-area and that this may be only be a temporary condition.

\_\_\_\_\_ I understand that while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and results may not be the color I initially wanted.

\_\_\_\_\_ The information given is correct and to the best of my knowledge, I will follow the verbal and written aftercare advice given to me.

\_\_\_\_\_ I understand that even though my technician lifts/perms my brows using proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or skin and may require a physician's follow-up care.

\_\_\_\_\_ I release my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use.

\_\_\_\_\_ I understand there are no guarantees for length of time the brows will stay permed or tinted.

\_\_\_\_\_ I understand that there are many factors that may affect the life of the brow lamination such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

**By signing below, I verify that I have read and understand the above statements and agree to them.**

Client Name (Printed)

Client Signature

Date (Month/Day/Year)

Technician

# PHOTO/VIDEO CONSENT FORM

I, \_\_\_\_\_, hereby grant permission to the rights of my image, likeness and sound of my voice as recorded in audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

## PHOTOGRAPHIC, AUDIO, OR VIDEO RECORDINGS MAY BE USED FOR THE FOLLOWING PURPOSES:

- Educational presentations or courses
- Informational presentations
- Online educational courses
- Educational videos
- Promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.

There is no time limited in the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

**By signing this form, I acknowledge that I have completely read and fully understand the above release and agree. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.**

Client (Printed Name)

Client Signature

Date

# PRECAUTIONARY COVID-19

## LIABILITY RELEASE FORM

Due to the 2019 - 2020 pandemic of the coronavirus (COVID-19), we are taking extra precautions as we proceed with each client. We will be implementing additional sanitation and disinfecting practices. Please read, complete the following, and sign below.

### **SYMPTOMS OF COVID-19 INCLUDE AND ARE NOT LIMITED TO:**

- FEVER
- FATIGUE
- SHORTNESS OF BREATH
- DRY COUGH
- SORE THROAT
- BODY ACHES / PAIN
- HEADACHE

### **I, \_\_\_\_\_, AGREE TO THE FOLLOWING:**

\_\_\_\_\_ I agree to have my temperature taken and to reschedule my appointment if my temperature exceeds the normal range of 96 – 99 Degree Fahrenheit.

\_\_\_\_\_ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced symptoms listed above within the last 14 days.

\_\_\_\_\_ I affirm that I, as well as all household members, have not traveled outside of the country, or to any known COVID-19 "hot spot" states in the last 30 days.

\_\_\_\_\_ I agree to wear a protective mask for the duration of my visit.

\_\_\_\_\_ I understand my technician will not be liable for any exposure to the virus or any other contagion during my visit.

\_\_\_\_\_ I affirm my procedure is elective and in no way medically necessary. I chose to be here on my own free will.

**My signature below indicates I agree to each of the above statements and release my technician and the business from any and all liability for the unintentional exposure to COVID-19 virus.**

Client Signature

Date

Your technician and all employees of this facility agree that they abide by these same standards and affirm the same. We also affirm that we have improved and expanded our sanitation protocols to more thoroughly prevent the spread of COVID-19 and other communicable conditions.

# FOR PROFESSIONAL USE

## CLIENT BROW LAMINATION INFORMATION

File Categorically by  
First Letter Of  
Clients Last Name



FILE

CLIENT FULL NAME

CLIENT EYE SHAPE

Round  Thin  Oval  Deep Set

BROW TREATMENT TIME (IN MINUTES) \_\_\_\_\_

NATURAL BROW COLOR

Blonde  Black  Red  Brown

BROW TINT COLOR \_\_\_\_\_

TINT TREATMENT TIME (IN MINUTES) \_\_\_\_\_

FOLLOW UP

ADDITIONAL NOTES:

PRICING

BROW LAM.: \_\_\_\_\_

TINT: \_\_\_\_\_

OTHER: \_\_\_\_\_

SPECIAL PRICING

(RETURNING CUSTOMER DISCOUNT IF APPLICABLE)

\_\_\_\_\_