

**Client Intake and Consent Form – Brow Lamination**

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

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

**Medical History:**

**Have you had a reaction to perming solutions before? Yes / No**

**Have you had a reaction to tinting products before? Yes / No**

**Is this the first time you have had a brow lamination? Yes / No**

**If no, when was your last treatment?** \_\_\_\_\_

**Do you have allergies? If yes, to what?** \_\_\_\_\_

**This salon uses anti-bacterial soap to wash instruments and tools prior to disinfecting with either Barbicide or CS-20 chemical disinfectants. Hard surfaces, high touch points and lash bed are disinfected between each appointment to maximize safety for each client.**

By signing this agreement, I confirm and agree to have a Brow Lamination and / or Tint and / or eyebrow wax service done by Pretty in Wink Lash Boutique by the certified Brow Lamination specialist.

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I understand that in rare occasions there are risks associated with having a Brow Lamination and / or Tint and / or eyebrow wax service and further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree to advise the certified professional if any discomfort or irritation is felt during the service or subsequently after.

I fully understand and accept the procedure and risks associated with brow lamination and/ or tint where my eyebrow hairs will be semi-permanently restructured and styled and or tinted. I further hereby save harmless and indemnify Pretty in Wink Lash Boutique and its staff for any damages whatsoever resulting from me not complying with the request Pretty in Wink Lash Boutique. has stated herein.

I understand and accept that it is my responsibility to remain still in a reclined position throughout the application, otherwise advised. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean that Pretty in Wink Lash Boutique will not be able to have the procedure performed on my eyebrows.

If at any time I am uncomfortable with the brow lamination and/or tint procedure, I will inform the stylist/artist and the stylist/artist will gladly rectify the problem, including ending the session if I (or the stylist) wish. If the stylist/artist is uncomfortable performing the brow lamination and/or tint on me, the stylist/artist will discuss their concerns with me and may end the session if necessary. It has been represented to me that no guarantees, warranties, promises, commitments or other statement as to the results of this service have been made, and I acknowledge that I have received no particular representation or guarantees, and I am consenting to the procedure at my own risk.

I have revealed or disclosed conditions and circumstances regarding my health and health history, medication being taken and any past reactions to products used or medication taken. I understand, additional conditions could occur to be discovered during or after the procedure, which could affect my ability to tolerate the procedure. I confirm that I do not have any medical, skin or hair conditions that may interfere with the procedure, application mentioned herein.

I confirm I do not have any of the following skin conditions. If I have any of the following skin conditions, I understand I will not be suitable for the brow lamination and/or tint procedure.

- Psoriasis
- Eczema
- Alopecia
- Sunburn
- Ultra-Sensitive Skin
- Wounds or Scar Tissue in the treatment area
- Infection
- Pimple in the treatment area

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I confirm, I have not had any semi-permanent make-up procedure on my Brows for at least 8 weeks.

I confirm, I have not had any skin treatments on my face for at least 4 weeks and have not been on any medication that can affect the skin (such as Accutane) for at least 6 months.

I confirm, I am not pregnant or are breastfeeding.

I understand and accept that Brow Lamination is an Alkaline based perm, so it is very strong. It is not suitable for clients with chemically damaged hair or extremely curly hair, as it can damage it further or cause unpredictable results. If the stylist/artist finds determines my brow hairs are damaged or is too curly, the stylist/artist may decide not to proceed with service.

I understand and accept that some mild but normal symptoms may occur depending on the sensitivity of my skin during the procedure and will subside within 24 hours. These symptoms include:

- (a) Mild tingling
- (b) Slight redness due to brushing brow hairs back and forth
- (c) Slightly warm in the area

I acknowledge that I have been advised by Pretty in Wink Lash Boutique. of the following potential health/medical risks associated with receiving brow lamination and/or tint and still wish to proceed with the procedures mentioned herein:

- (a) Allergic reaction symptoms: itching, severe burning, skin flaking or peeling, inflammation, blisters

I understand individual responses to product used for brow lamination and tint may vary - should a reaction occur, it is my responsibility to seek medical attention at my own expense.

I will advise the brow stylist/artist of any discomfort, irritation, and/or discomfort immediately.

I understand it is my responsibility to follow the aftercare instructions for best results

I understand in order to maintain the effects of brow lamination and/or tint, the procedure needs to be re-done every 4-8 weeks for maintenance.

I understand that brows may be come unruly if touch ups are not done.

I understand brow lamination will make styling the brows easier, but will not eliminate the need for styling. Brushing and/or use of a styling gel may still be required.

I give Pretty in Wink Lash Boutique, permission to use my before and after photos.

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I agree to the following Brow Lamination and / or tint aftercare and maintenance instructions:

- Keep eyebrows dry for the first 24 hours following the service
- No rubbing of eyebrows for the first 24 hours following the service
- No use of creams/oils around the eyebrow area for the first 24 hours following the service
- No makeup on the eyebrows for the first hours following the service
- Avoid saunas, steamy showers or sweat excessively for the first 24 hours following the service
- Do not subject eyebrows to high heat for the first 24 hours following the service ( eg, hairdryer, oven etc. )

I understand and agree to the after-care instructions provided by the certified Brow Lamination professional to maintain the integrity of the service provided. I realize and accept the consequences of failing to adhere to these instructions. I understand that any follow up care required as a result of neglecting to follow these instructions are at my own risk and expense.

I have read, completed and fully understand this Intake and Consent form in its entirety and in truth. I hold Pretty in Wink Lash Boutique and its employees, partners or associates, harmless from any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property as a result of services performed by Pretty in Wink Lash Boutique. I understand that this release discharges Pretty in Wink Lash Boutique from any liability or claim that I, my heirs, or any personal representatives may have against the salon and its employees.

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified brow lamination professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement.

I represent that I am over the age of 18 and that I have the right to enter this Agreement, or if I am under the age of 18, 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.

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

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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