

Yaza Beauty Studio

Client Consent & Medical History Form



Business Name: Yaza Beauty Studio
ABN: 72 477 25 65 17
Address: 218/20a Lexington Dr, Bella Vista, NSW
2153
Phone: +61 410 540 051

Client Details

Full Name:
Date of Birth:
Address:
Phone:
Email:
Emergency Contact (Name & Phone):

Treatment Information

Treatment Type:

☐ Brow Lamination ☐ Brow Tint ☐ Lash Lamination ☐ Lash Tint

Technician Name:
Treatment Date:

Health & Medical History

Please tick if you currently have or have experienced any of the following:

- Eczema ☐ Yes ☐ No
Psoriasis ☐ Yes ☐ No
Conjunctivitis ☐ Yes ☐ No
Sensitive eyes ☐ Yes ☐ No
Eye infections ☐ Yes ☐ No
Contact lenses ☐ Yes ☐ No
Glaucoma ☐ Yes ☐ No
Cataracts ☐ Yes ☐ No
Latex allergy ☐ Yes ☐ No
Skin allergies ☐ Yes ☐ No
Pregnant/Breastfeeding ☐ Yes ☐ No
Using Retinol, AHA/BHA, or Accutane ☐ Yes ☐ No
Recent eye surgery or lash extensions ☐ Yes ☐ No
Allergies ☐ Yes ☐ No

please specify:

Confidentiality This information is confidential and handled in accordance with the Australian Privacy Principles. False or incomplete disclosure may lead to undesired effects for which Yaza Beauty Studio is not liable.

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Acknowledgement of Risks

I understand that lash and brow lamination and tinting involve chemical solutions to alter hair texture or colour. I acknowledge potential risks such as redness, irritation, allergic reaction, dryness, or damage to lashes/brows if aftercare is not followed. I confirm I have disclosed all relevant health conditions and recent treatments.

Aftercare Instructions

- Keep lashes and brows dry for 24–48 hours.
- Avoid steam, swimming, or saunas for 48 hours.
- Do not rub or touch the treated area.
- Avoid oil-based products and makeup removers near lashes/brows.
- Brush gently with a clean spoolie daily.
- Apply nourishing oil or serum as advised.

Failure to follow aftercare may affect results and void any liability.

I have received written pre- and post-treatment instructions. I understand that not following these instructions may affect the healing process and results.

Photography & Marketing Consent

- ☐ I consent to before/after photos for marketing purposes (social media, website, printed materials).
- ☐ I consent to photos for technician's professional portfolio only.
- ☐ I do NOT consent to my photos being used for marketing.

Client Declaration I have read and understood this form, had the opportunity to ask questions, and give my informed consent to proceed.

Liability Waiver

I confirm that I am over 18 years of age and am choosing to undergo this treatment voluntarily. I release Yaza Beauty Studio and its staff from liability for undesired results or allergic reactions, provided the treatment was carried out according to professional hygiene and safety standards. My information will be kept confidential in accordance with Australian Privacy Principles.

Client Declaration

I have read and understood this form, had the opportunity to ask questions, and give my informed consent to proceed.

Client Signature:

Date:

Technician Signature:

Date: