
**Brow lamination and Tint Consent Form**

**Patch Test & Date:**

**Full Name:……**

**Address:……**

**D.O.B: ……/……/……/**

**Mobile Number:……**

**Email: ……**

**GP Name & Address: ……**

**Emergency Contact Name & Number: ……**

**Medical Questions:**

**Do you suffer with any skin disorders in the eyebrows area? Yes / No? If Yes please specify?**

**……**

**Have you ever had a reaction to any glue or tint? Yes / No? If Yes please specify?**

**……**

**Are you pregnant or breast feeding? Y/N**

**Do You, or anyone in your household have symptoms of Covid-19? Y/N?**

**Please do not book or attend your appointment if the answer is Yes.**

**Please bring Photo Id and proof of age.**

**Please tick here if you would like to be signed up to our email and receive exclusive offers? Yes / No**

**I …… Certify that all the information that I have provided is true and I have answered all the questions above to the best of my knowledge. I am aware that it is my responsibility to inform the therapist of any changes in the information that I have given.**

**Client Name:**

**Date:**

**Therapist:**

**Date:**