**Brows and Beauty by Nicky B**

**Eyelash Lift 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 from Eye Infections? Yes / No? If Yes please specify?**

**…………………………………………………………………………………………………………………………………………**

**Do you suffer with dry eye syndrome? Yes / No? If Yes please specify?**

**…………………………………………………………………………………………………………………………………………**

**Do you suffer with twitchy or watery eyes? Yes / No? If Yes please specify?**

**…………………………………………………………………………………………………………………………………………**

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

**…………………………………………………………………………………………………………………………………………**

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

**………………………………………………………………………………………………………………………………………..**

**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 address for purpose of track & trace.**

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

**I …………………………………………………………………………………… Certify that all of the information that I have provided is true and I have answered all of 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:**