BROW BOMBER CLIENT INTAKE FORM

GENERAL INFORMATION

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

EMERGENCY CONTACT:

BROW HISTORY

Have you ever had your brows laminated? ☐ Yes ☐ No

Have you Tinted your eyebrows in the last 6 months? ☐ Yes ☐ No

If yes, what method did you use:

Have you ever had an allergic reaction to hair dye? ☐ Yes ☐ No

Have you ever had an allergic reaction to a perm? ☐ Yes ☐ No

Are your eyebrows microbladed? ☐ Yes ☐ No

If yes, when:

MEDICAL HISTORY

Are you or could you be pregnant? ☐ Yes ☐ No

Do you have, or are you being treated for any eye injury? ☐ Yes ☐ No

Do you have any allergies? ☐ Yes ☐ No

If yes, please list them:

Do you have any of the following conditions? (Check all that apply)

☐ Alopecia	☐ Cancer	☐ Cataract
☐ Conjunctivitis	☐ Diabetes	☐ Dry Eyes
☐ Eczema	☐ Glaucoma	☐ Lupus
☐ Psoriasis Around the Eyes	☐ Thyroid Disease	☐ Eye Infection
☐ Recent Eye Surgery	☐ Sensitive Skin	☐ Sunburn
☐ Other:		

BROW BOMBER CONSENT FORM

I (print name) _____, am requesting and consent to have a brow lamination perfomed on my eyebrows with/without (circle one) undergoing a sensitivity patch test.

INITIAL BELOW

____ I understand that injury is possible. I will not hold the technician or business performing this service on me responsible in any way for any damage or issues that may arise as a result of having the brow lamination procedure performed on me.

____ I understand that with this procedure, I may experience skin or eye irritation, eye pain, eye itching, discomfort, swelling, or allergic reaction.

____ I know that I must disclose all of the information requested on the Client Intake Form.

____ I understand I will be required to keep my eyes closed for 30-40 minutes and that if I sustain an injury due to opening my eyes during the treatment, I will not hold the technician and business not responsible.

____ I understand I may not wear contact lenses during the procedure and agree to remove them before the lamination.

____ I understand that brow lamination is the process of restructuring the brow hairs to keep them in the desired shape, but it is my responsibility to brush my bows daily to maintain the desired look.

____ I understand that I need to keep my eyebrows dry for 48 hours after the brow lamination process.

____ I understand that brow lamination is not recommended for people with the following, and I at this moment certify that none of the below apply to me:

- Psoriasis
- Recent eye surgery
- Recent microblading
- Sensitive skin
- Alopecia
- Conjunctivitis
- Eczema
- Sunburn
- Taking blood thinners, hair growth serum, retinol, Accutane,or AHAs or BHAs
- Scar tissue in treatment area
- pregnant/Breastfeeding

This agreement will remain in effect for the procedure and all future recurring procedures of the same nature.

Signature:_____. Date:_____