

Brow Pro

Client Indemnity/Confidentiality Form

Personal Details:

Client Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Current Conditions, Previous Discomfort, Stinging or Adverse Reactions:

Please check any that apply:

Inflammation of eyelid/eyebrow area

Skin trauma, swelling, or abrasions

Recent operations around eye, head, or face in immediate area

Recent tattooing, microblading, or feather touch treatments [last 6 mo.]

Previous reaction to henna application

Chemotherapy [current cancer treatment]

Eye infection/conjunctivitis

Recent eye surgery

Hypersensitive skin

Sunburn

skin disorders/disease

Any Medications: _____

Other relevant information: _____

AGREEMENT: I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving other parties of their responsibilities, if any, associated with the supply of the products and services.

Signature: _____ Date: _____