

Eyebrow Tinting Consent Form

Client Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Emergency Contact (Name & Phone): _____

Medical History:

Please answer the following questions honestly for your safety.

- Do you have any history of eye or skin sensitivity? ☐ Yes ☐ No

If yes, please specify: _____

- Have you had any allergic reactions to hair dyes or tinting products? ☐ Yes ☐ No

If yes, please specify: _____

- Are you currently taking any medications that may affect skin sensitivity? ☐ Yes ☐ No

If yes, please specify: _____

- Do you wear contact lenses? ☐ Yes ☐ No

(If yes, please remove them before the procedure.)

Service Agreement and Consent:

I understand that eyebrow tinting involves the application of a semi-permanent dye to my eyebrows.

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I acknowledge that reactions to the tinting solution may occur, including redness, irritation, or other reactions.

Client Initials: _____

I have disclosed my medical history and allergies truthfully and understand that it is my responsibility to inform my esthetician of any changes to my health prior to future appointments.

Client Initials: _____

I agree to follow any pre- and post-care instructions provided by my esthetician to minimize any potential risks associated with the tinting procedure.

Client Initials: _____

Post-Care Instructions:

After the eyebrow tinting procedure, it is recommended to:

- Avoid touching the tinted area for 24 hours.
- Avoid water, makeup, and skincare products on the brow area for at least 24 hours.
- Avoid exposure to direct sunlight, swimming pools, and saunas for 24-48 hours.
- Gently pat dry if the brow area becomes wet.

Client Consent and Signature:

By signing this form, I confirm that I have read and understood the information provided. I voluntarily

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agree to undergo the eyebrow tinting service and release the esthetician from any liability related to this treatment.

Client Signature: _____ Date: _____

Esthetician Signature: _____ Date: _____