



## Brow Lamination and Tint

Artist Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Are you over the age of 18? (Please circle)

☐ Yes or ☐ No

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

- **How did you hear about us? (Please circle)**

Website

Web search

Instagram

Facebook

Friend's name ( ) Other ( )

- I am informing my technician of any of the following contraindicated conditions for the brow lamination.

☐ Currently having Chemotherapy

☐ Psoriasis

☐ Eczema

☐ Alopecia

☐ Sun Burn

☐ Ultra Sensitive Skin

☐ Wounds in the treatment area

- I consent to having my eyes closed and covered for the duration of the 45-90 minute procedure. ☐ Yes ☐ No

- Have you had lash or brow tinting before and experienced a reaction?  
☐No  
☐Yes (Details)\_\_\_\_\_
- Allergy & Medical History: Do you have allergies? ☐No  
☐Yes (please specify.) \_\_\_\_\_
- Have you had an allergic reaction to hair color? ☐No  
☐Yes (please specify.) \_\_\_\_\_
- Have you had any skin problems in the past 4 weeks? ☐No  
☐Yes (please specify.) \_\_\_\_\_
- Have you recently had a chemical peel or microdermabrasion? ☐No  
☐Yes (Specify date.) \_\_\_\_\_
- Do you use products containing retinol or AHA? ☐No  
☐Yes (please specify.) \_\_\_\_\_
- Do you have diabetes, lupus, or any autoimmune disease? ☐No  
☐Yes (please specify.) \_\_\_\_\_
- Any medications (Prescribed and Over the Counter including vitamins/herbs/supplements) or Skincare products you are currently using:  
\_\_\_\_\_
- Other relevant information: (Any illnesses or conditions you are being treated by a physician for?)  
\_\_\_\_\_

### **Acknowledgement and Waiver**

*I agree to have a brow lamination lift and/or eyebrow tint applied to my natural eyebrows and/or retouched. By signing this agreement, I consent to the procedure of an eyebrow lamination and eyebrow tint by my therapist.*

*I understand there are risks associated with having an eyebrow lamination/and eyebrow tint. I further understand that as part of the procedure, eyebrow irritation, eyebrow pain, eyebrow itching, discomfort, and in rare cases eyebrow infection. I agree that if I experience any of these medical conditions with my eyebrow that I will contact my therapist and consult a doctor at my own expense.*

*I understand that even though my therapist Laminates my eyebrows using the proper technique, the instruments, cleaners, adhesives, and removers used may irritate my eyebrow or require a doctor's follow-up care.*

*I understand and agree to the care instructions provided by my therapist for the use and care of my Laminated brows/ eyebrow tint. I realise and accept the consequences of failure to adhere to these instructions may cause the eyebrows to not stay permed as long as told.*

*I am informing my therapist of the following conditions by marking with a check:*

- *Current use of contact lenses which I agree to remove during application*
- *Current use of anything such as oil-containing sunscreen or moisturizers around the eyebrow*
- *Current use of eyedrops of any kind, prescription or over-the-counter medication*

*Current allergies or sensitivities to instruments, fumes, tapes, cleaners, adhesives, and removers that could cause my eyes to water and blink in excess*

*History of dry eyes or Sjogren's Syndrome*

*Recent history of Chemotherapy*

*Other medical conditions which would prohibit or compromise the process and retention of this eyelash perm.*

*I agree to the following eyebrow Lamination/Tint post-op and maintenance instructions:*

*No water can come in contact with the eye area for 24 hours after the application*

*This agreement will remain in effect for this procedure and all future procedures conducted by my therapist.*

*I am over 18 years of age and consent to the agreement and to treatment.*

*There are no guarantees for length of time the eyebrows will stay permed. I understand the aftercare instructions and will do my part to maintain my eyebrows. I understand that there are many factors that may affect the life of the eyebrow lamination/Tint such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.*

***By signing below, I verify that I have read and understand the above statements and agree to them.***

**By signing this consent form**

Client's Name (Print): \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

Practitioner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For practitioners use ONLY

Note: Techniques used for this client

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