

# INDEMNITY FORM/CLIENT CONFIDENTIALITY FORM

## PERSONAL DETAILS:

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

Salon Name: \_\_\_\_\_ Please Tick:  Male  Female

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

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

## MEDICAL HISTORY: Please tick any that apply:

- |  |   |
|--|---|
| <input type="radio"/> Inflammation of eyelid/eyebrow area                          | <input type="radio"/> Eye infections/conjunctivitis |
| <input type="radio"/> Skin trauma, swelling, abrasions or infections               | <input type="radio"/> Recent eye surgery            |
| <input type="radio"/> Recent operations around eye, head or face in immediate area | <input type="radio"/> Hypersensitive skin           |
| <input type="radio"/> Glucose-6-phosphate dehydrogenase deficiency (G6PDD)         | <input type="radio"/> Sunburn, burns or cuts        |
| <input type="radio"/> Allergies to hair dye, eyebrow/eyelash tint or henna tattoos | <input type="radio"/> Alopecia                      |
| <input type="radio"/> Chemotherapy (current cancer treatment)                      | <input type="radio"/> Skin Disorders/disease        |
| <input type="radio"/> Coeliac or Gluten Intolerant                                 | <input type="radio"/> Acne treatment                |
| <input type="radio"/> Trichotillomania   | <input type="radio"/> Pregnant                      |

Any medications: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

## RECENT TREATMENTS

- |  |  |   |
|--|--|---|
| <input type="radio"/> Recent tattooing, microblading or feather touch treatments | <input type="radio"/> Steroid products                           | <input type="radio"/> Facial peels, factials or AHA's |
| <input type="radio"/> Retinol or Vitamin A                                       | <input type="radio"/> Recent surgical procedures or facial lifts |   |
| <input type="radio"/> Botox or fillers   | <input type="radio"/> Spray Tans/self tanning products           |   |
| <input type="radio"/> Recent eyebrow tint  |  |   |

Have you had lash or brow tinting before or had a patch test and experienced a reaction?  Yes  No

Have you been patch tested with Elleebana Henna?  Yes  No

## AGREEMENT:

- "I have had a patch test performed at least 48 hours prior to my treatment with no adverse reactions"
- "I have not had a patch test performed, though, I request and consent to these procedures being carried out today without undergoing the sensitivity patch test. The sensitivity test, which if conducted may indicate my selectivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and services(s)"

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