



# BROW INTENSIFYING by RefectoCil

## CLIENT CONSENT FORM

### Client Information & Medical History

*In order to provide you with the best treatment, we need you to complete the following questionnaire. All information is confidential.*

Client Name :

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

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

E-Mail : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Occupation : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Technician : \_\_\_\_\_

Service to Recieve :  Tinting Eyebrows  Tinting Lashes  Brow Shaping



How did you hear about us? :  Magazine  Website  Referral  Other \_\_\_\_\_

Have you ever had your brows or lashes tinted?  Yes  No If yes, when? \_\_\_\_\_

If yes, was it a good experience? \_\_\_\_\_

If no, please describe : \_\_\_\_\_

Have you undergone any recent eye surgery? (e.g. Cataract, Lasik eye surgery?)

If yes, when? \_\_\_\_\_

Have you ever had an adverse reaction to hair color or previous tinting products?

If yes, please explain: \_\_\_\_\_

Do you have any eye condition or injury?  Yes  No

Are you allergic to latex or rubber?  Yes  No

Do you have any intolerance/allergy to: chemicals, fragrances, odours, hair dyes, colour ingredients, food, adhesives & glues and drug allergies? (circle all that apply)

If yes, please specify: \_\_\_\_\_

Are you currently under the care of a physician?  Yes  No If yes, please specify: \_\_\_\_\_

Are you currently taking any medications/supplements?  Yes  No

If yes, please list all: \_\_\_\_\_

How would you describe your natural brows?  Thin  Thick  Long  Short  Frail

Which of the following describes the look you would like to achieve?

Straight  Curved  Soft Arch  High Arch  S Shaped  Upward

Which of the following techniques would you like to have? (please consult with professional for these looks)

Full Brow  Ombre brow  Filling Technique

When it comes to intensity of color, which do you prefer? (Please be aware that this is an intensifying treatment and gives brows and skin stronger pigment and staining. May be too dark for some.)

Medium  strong

Do you use any of the following products? (Please check all that apply)

Brow Pencil  Brow Gel or Other Brow Makeup  Brow Growth Serum/ Treatment

Oil Based Products (sunblock, eye creams, eyeliner, eye makeup remover)

Are your brows microbladed? If yes, when did you get them done? \_\_\_\_\_

Please indicate and circle clearly all that might apply to you:

History	Yes	No	History	Yes	No
Stress/ Hormonal Imbalance / Iron deficiency			Chemo/Radiation		
Microdermabrasion/ chemical peels			Thyroid Disease		
Acne / Retin A, Tretinoin/ Accutane			Recent Lupus / Cancer		
Tattoos, Permanent Eye Makeup, Microblading			Irritated or broken skin		
Alopecia/ Trichotillomania/ Madarosis/ Vitiligo			Pregnancy		
Diabetes			Seasonal Allergies		
Hypersensitivity to cyanoacrylate or formaldehyde or certain adhesives/glues			Psoriasis / Eczema		
<i>Indicate whether you take any drugs that may cause temporary hair loss listed below:</i>			Retinoids used to treat acne or skin problems (such as Accutane or Retin-A)		
Chemotherapeutic agents used in cancer treatment			Beta-adrenergic blocker used to control blood pressure		
Anticoagulants			List medical issues not listed above		

I agree that all of the above information is true and accurate to the best of my knowledge. I have recorded all my known medical history accurately with all pertinent information. I am aware it is my responsibility to inform the technician of my current medical and health conditions. For all future services, I will inform my service provider of any changes in my medical status and/or any changes in the above information. A current history is essential for the provider to execute appropriate treatment procedures.

Client Name (Print full name)

Client Signature

Date



# Consent for Intese Brow[n]s Tint Procedure

*Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risks below. Please initial:*

- Before any qualified professional can perform this procedure, I understand I must complete this agreement in full. I have agreed that I must lay still for duration of the service. I must NOT open my eyes at any point unless I am directed to. I also understand that I will need to be lying in a reclined position. Any medical conditions that may be aggravated by lying still for a prolonged period of time may mean I will not be able to have the procedure performed on my eyebrows.
- I understand that the treatment is a safe procedure and there is no recovery time for most people.
- I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eyes, my eyes will be flushed with water and medical attention may be required.
- I understand that there may be some residual dark staining left on the skin following the tinting process of either my brows. This is part of the service and will last approx. 7 - 10 days on the skin.
- I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.
- I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.
- I understand I cannot get my brows wet or apply eye make-up for at least 24 hours after every lash or brow appointment, as it will affect my results.
- I agree that if at any time I am uncomfortable with the Intense Brow[n]s tinting process, I will inform the technician and she/he will rectify the problem, including ending the session.
- I understand that Licensed Esthetician or Cosmetologist will perform my lash & brow tinting procedure, she/he is trained professionally and there are no refunds to the service, as after care is my responsibility.
- Note- Eyebrows should be clean, dry, and free of makeup and oil residue. If you attend your appointment without proper preparation, we cannot guarantee lasting or satisfactory results.
- I am aware that using a brow growth serum may affect my brows (Note- if you are using a brow lift serum, we highly suggest to completely stop using 24hrs before your brow service).
- I understand and agree to the care instructions provided by *(insert salon name)* \_\_\_\_\_ for the treatment of Intense Brow[n]s. I realize and accept the consequences of failure to adhere to these instructions may cause the brows or lashes to not stay tinted.
- I understand that although *(insert salon name)* \_\_\_\_\_ tint my lashes/ brows using proper technique, the instruments, tapes, cleaners, eye gel pads, and color tints used may irritate my eyes or require a physician's care at my own expense.
- I agree that if I experience any ill effects with my lashes/brows I will contact the technician that performed this procedure.

I understand there may be risks associated with having my lashes/brows tinted. I further understand that as part of the procedure any eye irritation, discomfort or skin irritation may occur if the tinting agents come into contact with the skin. I agree that if I experience any of these conditions DURING or AFTER the procedure, I will contact (*insert salon name*) \_\_\_\_\_ and consult a physician at my own expense. I release my technician and (*insert salon name*) \_\_\_\_\_ from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the brow specialists has been professionally trained to use.

There are a small number of individuals who may have an allergic reaction to tints, hair dyes and other chemical treatments. It is only in rare situations that the reaction can be severe. If you've ever gotten a rash from an allergic reaction to henna or to hair dye containing para-phenylenediamine (PPD), then you may also develop an allergic reaction to brow tints and should not use them. We offer a complimentary patch test service for all clients. Please request an additional patch test if you would like to test your sensitivity, which should be performed 48 hours prior to your appointment. Please note, the patch does not guarantee against an allergic reaction.

**Waive Patch Test**       **Take Patch Test**

I request that my eyelashes/eyebrows be treated with the brow tinting products. I also request and consent to this/these procedure(s) being carried out **without** undergoing a sensitivity patch test. 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 service(s).

**I disagree, and will schedule a complimentary patch test.**

**Photography:** With the understanding that great care will be taken not to reveal identity, I consent to taking of photographs/videos before, during and after treatment/service. These photographs/videos will be the property of (*insert salon name*) \_\_\_\_\_ and or/it's assignees, and may be used for social media, scientific, teaching, publication or promotional purposes.

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I have read the above information. If I have any concerns, I will address these with my Brow Service Professional. I give permission to  to perform the procedure as discussed, and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand the professional will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the professional immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks. I do not hold the professional, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this consultation. This agreement will remain in effect for this procedure and all future procedures conducted by (*insert salon name*) \_\_\_\_\_ for six months from the date signed on this form. I understand it is my responsibility to advise my brow specialist if any changes in future may affect my suitability for procedures to be undertaken at any time in the intervening twelve months. I agree that this agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parents/legal guardians consent to this agreement, and his or her relationship to me is as follows:

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**By his or her signature above, he or she ratifies and consents to this procedure under these terms.**

*This form must be signed in person by the parent or guardian at the time of service, witnessed by the esthetician.*

\_\_\_\_\_  
**Client Name Printed**

\_\_\_\_\_  
**Parent/Guardian Name Printed**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Professional Name**

\_\_\_\_\_  
**Professional Signature**

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**We thank you for reading through and for your cooperation in ensuring your comfort and safety.**

*PS: You can take a free nap while getting your brows done!*

