LE MARQUE
by Mancine Professional

Henna Brow Design

• TREATMENT CONSENT FORM •

This consultation form is to ensure that you are not contraindicated to this treatment. Pre-treatment advice has been communicated and carried out prior to this appointment. All After Care advice must be followed post treatment for best results. On completion of this consultation form you must sign below to proceed with the service.

NAME	D.O.B
EMAIL	PHONE
ADDRESS	
OCCUPATION	
EMERGENCY CONTACT	PHONE

MEDICAL HISTORY

PLEASE TICK THE BOX FOR ANY FOLLOWING CONDITIONS THAT APPLY TO YOU

- ☐ burns / cuts ☐ psoriasis ☐ dermatitis ☐ eczema ☐ skin infections
- ☐ acne treatment ☐ eye infections ☐ trichotillomania ☐ alopecia ☐ pregnant
- ☐ retinol or Vit A cosmetic products ☐ chemotherapy/radiotherapy ☐ steroid products
- ☐ allergies to henna tattoos ☐ allergies to hair dyes ☐ allergies to p-Phenylenediamine
- ☐ any known allergies - if so, what are they? _____

IN THE LAST 2 WEEKS, HAVE YOU HAD THE FOLLOWING TREATMENTS?

- ☐ facial peels, facials or AHA's ☐ regular brow tint or henna tint ☐ dermal roller
- ☐ spray tan/ self tan products ☐ recent surgical procedures ☐ botox or fillers

Have you had a patch test using Le Marque Henna in the past 6 months? ☐ yes ☐ no

If you answered yes, did you suffer from any adverse reactions? ☐ yes ☐ no

ALTHOUGH EVERY PRECAUTION WILL BE MADE TO ENSURE YOUR SAFETY AND WELL-BEING BEFORE, DURING, AND AFTER YOUR HENNA BROW DESIGN, PLEASE BE AWARE OF THE POSSIBLE RISKS BELOW:

Local Contraindications - Treatments cannot be performed over areas
Cuts, abrasions, bruising and swelling, areas where topical Roaccutane has been used. Undiagnosed lumps and bumps, sunburn, heat rash, hairy moles or any recent fractures (3months).

Medical Contraindications - Please seek medical advise or obtain a letter of consent from your doctor
Check any condition that is already being treated by a GP or another practitioner. Consult your Doctor if you are taking any medication that may have an effect on skin sensitivity, condition or blood. If you suffer from Haemophilia, Medical Oedema.

Total Contraindications - Prohibited from a treatment taking place
Taking oral Roaccutane medication, have contagious diseases (Impetigo, Scabies, Chicken Pox, Mumps), infectious diseases, under the Influence, neuralgia, hypersensitive skin.

CONSENT FOR PROCEDURE

(Please tick the most relevant box)

BY SIGNING THIS FORM, YOU AGREE TO THE FOLLOWING TERMS AND CONDITIONS

- ☐ 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 consent to proceed with full knowledge of the potential risks and allergic reactions that may occur.

I am satisfied with the explanation of the procedure and the aftercare. I have answered all questions regarding my medical history to the best of my knowledge and accept that failure to disclose relevant information may impact treatment results.

DATE / / SIGNED