INDEMNITY FORM/CLIENT CONFIDENTIALITY FORM

PERSONAL DETAILS:

Client Name: _____

Salon Name: _____ Please Tick: ◯ Male ◯ Female

Address: _____

_____

Post Code: _____ Date of Birth: _____

Phone: _____ Mobile: _____

Email: _____

CURRENT CONDITIONS, PREVIOUS DISCOMFORT, STINGING OR ADVERSE REACTIONS:

Please tick any that apply:

◯ Inflammation of eyelid/eyebrow area

◯ Skin trauma, swelling or abrasions

◯ Recent operations around eye, head or face in immediate area

◯ Recent tattooing, microblading or feather touch treatments

◯ Previous reaction to Henna application

◯ Chemotherapy (current cancer treatment)

◯ Eye infections/conjunctivitis

◯ Recent eye surgery

◯ Hypersensitive skin

◯ Sunburn

◯ Botox/dermal fillers

◯ Skin Disorders/disease

Any medications: _____

Other relevant information: _____

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

Information: _____

AGREEMENT: I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/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: _____

BEAUTY PROFESSIONALS NOTES: _____

_____

_____

Treatment/s being performed: _____

_____