



# Lash and Brow Tint/Lash Lift Consent Form

## SECTION 1: MEDICAL HISTORY FORM/HEALTH QUESTIONNAIRE

Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ DL or ID# \_\_\_\_\_

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone# \_\_\_\_\_

**Have you had any of the following procedures, suffer from the following diseases/conditions, or are taking any of these medications? (Circle YES or NO)**

YES/NO	Accutane/Retin-A	YES/NO	Dry Eye Syndrome/Sjorgen's Syndrome
YES/NO	Food/drug allergies	YES/NO	Diabetes
YES/NO	Allergies/Watery Eyes	YES/NO	Retinopathy
YES/NO	Allergies to Latex or Acrylic Nails	YES/NO	Eczema/Psoriasis
YES/NO	Allergies to Preservatives in Saline Solutions	YES/NO	Extremely Oily Skin
YES/NO	Allergies to Adhesive tape	YES/NO	Glaucoma
YES/NO	Alopecia	YES/NO	Irritated or Broken Skin
YES/NO	Blepharitis	YES/NO	Madarosis (lash loss)
YES/NO	Blepharoplasty	YES/NO	Lasik Eye Surgery
YES/NO	Cataract	YES/NO	Permanent Makeup
YES/NO	Cataract Surgery	YES/NO	Pink Eye/Sty
YES/NO	Claustrophobia	YES/NO	Pregnant/Breast Feeding
YES/NO	Conjunctivitis	YES/NO	Did you in the last 14 days undergo medical treatment to the eye, lids, or ducts?
YES/NO	Contact Lenses	YES/NO	Recent Chemical Peels
YES/NO	Chemotherapy/Radiation within the past 6 months?	YES/NO	Sensitive Skin
YES/NO	Compulsive Eyelash Pulling/Trichotillomania		

## SECTION 2: BEAUTY TREATMENT HISTORY/QUESTIONNAIRE SECTION 2: BEAUTY TREATMENT HISTORY/QUESTIONNAIRE

### Lash/Brow Tint:

Have you ever used hair color before? **YES/NO**

Have you ever had an allergic reaction to hair color? **YES/NO**

Have you had a lash/brow tint before? **YES/NO**

If YES, did you experience any type of reaction to the tint? \_\_\_\_\_

If YES, when did you have your last lash perm (lash lift)? \_\_\_\_\_



# Client Consent Form: Lash and Brow Tint

Was it a good experience? **YES/NO**

If NO, please describe: \_\_\_\_\_

**Lash Lift:**

Which best describes the look you would like to achieve for your lashes?

**Fully Lifted      In Between      Soft Natural Curl**

Have you ever had a Lash Perm (Lash Lift)? **YES/NO**

If YES, when did you have your last lash perm (lash lift)? \_\_\_\_\_

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

If NO, please describe: \_\_\_\_\_

Have you ever used strip lashes or received lash extensions and experienced burning, swelling, itching of eyes/lids?

**YES/NO**

Are you currently receiving treatment(s) for an eye injury or illness? **YES/NO**

Please list any medications or drops (prescription and over-the-counter) that you are using:

\_\_\_\_\_

Please list any CURRENT/RECENT Medical Treatments: (within the past 6 months).

\_\_\_\_\_

**Beauty Products (please Circle all that apply)**

Lash Growth Treatment/Serum      Waterproof Mascara      Eyelash Curler  
Oil-based products (including sunblock, eye creams, mascara, eyeliner and make-up remover)

**Please describe any helpful information about your lashes.**

YES/NO      I wear MASCARA

YES/NO      I wear EYELINER

### **SECTION 3: PATCH TEST CONSENT & AGREEMENT**

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 rash to lash or brow dyes and should not use them.

\_\_\_\_\_ I request that my eyelashes and/or eyebrows be treated with Lash & Brow Tinting and/or Lash Lift Products. I also request and consent to this/these procedure(s) being carried out **WITHOUT** undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the product(s).

**OR**

\_\_\_\_\_ I request that my eyelashes and/or eyebrows be treated with Lash & Brow Tinting and/or Lash Lift Product but I would prefer to undergo a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the product(s).\*

\*I offer a complimentary patch test service for all clients. Please request a patch test, which should be performed **48 hours prior** to your appointment, if you would like to check your sensitivity. I thank you for your cooperation to ensure your comfort and safety.

### **SECTION 4: ACKNOWLEDGMENTS, AGREEMENTS, RISKS, AND, CONSENT**

*Please initial before each statement to accept your acknowledgement and agreement to the following:*

\_\_\_\_\_ I authorize Beauty Brows & Beyond, LLC, Shana R. Bowman Licensed Esthetician to perform the Lash Lift procedure and or to have an eyelash lift (perm) and/or eyelash tint applied to my natural eyelashes and/or retouched.

\_\_\_\_\_ I understand that the lashes will be curled with an advanced solution and a conditioning cream.

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the 45-60 minute procedure.

\_\_\_\_\_ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

\_\_\_\_\_ I understand there are risks associated with having an eyelash perm and/or eyelash tint. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact my technician and consult a physician at my own expense.

\_\_\_\_\_ I understand that if at any time I ( or the esthetician) are uncomfortable with the Lash Lift/Tint treatment, I will inform the esthetician and she will gladly rectify the problem, including ending the session.

\_\_\_\_\_ I understand that all conditions must be revealed or disclosed by me to my esthetician regarding health history, medications being taken and any past reactions to products used.

\_\_\_\_\_ I understand and agree to the care instructions provided by Beauty Brows & Beyond, LLC for the treatment of permed and/or tinted eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the lashes to not stay permed.

\_\_\_\_\_ I understand there are no guarantees, warranties, promises, commitments or refunds and acknowledge that I have no particular representation or guarantees, and I am consenting to the Lash Lift/Tint at my own risk.



# Client Consent Form: Lash and Brow Tint

- \_\_\_\_\_ I understand that even though my technician perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may cause eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness. I agree that if I experience any of these conditions DURING or AFTER the procedure, I will contact Beauty Brows & Beyond, LLC and consult a physician at my own expense.
- \_\_\_\_\_ I understand the contents of this form and take full responsibility for my actions. I understand it is my responsibility to advise my lash specialist of any changes in the future that may affect my suitability for procedures to be undertaken at any time in the intervening twelve months. I understand that this agreement is binding and that I have read and fully understand all information listed above.
- \_\_\_\_\_ I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

### **SECTION 4: USE OF LIKENESS AND RELEASE**

With the understanding that great care will be taken not to reveal identity, I consent to the taking of photographs/videos before, during and after treatment/service. These photographs/videos will be the property of Beauty Brows & Beyond, LLC and/or its assignees, and may be used for social media, teaching, publication or promotional purposes.

I have read the above information. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the tinting and/or lash lift procedure we have discussed, and will hold her and 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 my esthetician 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 esthetician 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 the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) \_\_\_\_\_

Client Name (signature) \_\_\_\_\_ Date \_\_\_\_\_