



Consent Form: Brow Extensions

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

Allergy & medical history:

Do you have any allergies? Yes No

(Please specify)

Have you had any skin problems in the past 4 weeks? Yes No

(Please specify)

Have you recently had a chemical peel or microdermabrasion? Yes No

(Please specify)

Do you use products containing retinol or AHA? Yes No



Brow Extensions Aftercare

(Please specify)

Eyebrow design:

Natural eyebrow shape Straight Round Angled

Natural eyebrow density Sparse Medium Full

Wanting to achieve?

More definition Darker Eyebrows Fuller eyebrows Improved shape



Brow Extensions Aftercare

Although every precaution will be taken to ensure your safety and well-being before, during and after your brow extension application, please be aware of the following information and possible risks. Please initial:

- I understand that a full set of brow extensions can make the appearance of my own brows about 30-50% thicker.
- I understand that brow extension services have some inherent risk of irritation to the orbital eye area, specifically to the skin, but including the eye itself, and could result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.
- I understand that some irritation, itching or burning may occur on the skin where the bonding agent comes into contact with it.
- I understand that if the bonding agent or fumes comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.
- I understand that this is a semi-permanent procedure and that my natural brows will continue to grow normally. Due to the nature of the "build" process "touch ups" and "infills" are not possible. To maintain the original look achieved I would need to schedule follow-up appointment. Depending upon the care taken of the brow extensions, most clients require an appointment every 4-6 weeks.
- I understand that while every attempt will be made to provide me with the fullness I have chosen, my final result may not be what I initially envisioned.
- I understand that it is imperative that I disclose all of the information requested in the Client Profile/Health History.
- I have cited all conditions and circumstances regarding my health history, procedures, medications being taken, and any past reactions to products or medications.
- I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.
- I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes.

I understand that if I have any concerns, I will address these with my brow extension specialist. I give permission to my brow extension specialist to perform the brow extension procedure we have discussed, and will hold him/her and his/her staff harmless and nameless 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 brow extension specialist 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 brow extension specialist 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 brow extension specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

I confirm that all the information given above is correct to my best knowledge. I have read the aftercare notes given and will follow them closely.

Client Name (Printed) _____

Client Name (Signature) _____ **Date:** _____



Brow Extensions Aftercare

Patch test performed:

| Date | Client signature |
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Visits:

| Date | Products used | Time spent/Price |
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Brow Extensions Aftercare

The longevity of Sleek Brows very much depends on how they are being treated. To prolong their life it is important to follow these guidelines.

- Please take extra care during the first **24hrs** following the treatment. That's how long it takes for the adhesive/sculpting paint to set. Avoid getting them wet during this time.
- Do not, pick, pull, scratch or rub your eyebrows. **You will cause damage to them and your skin!**
- If you no longer wish to have Sleek Brows you will have to visit your technician to have them professionally removed.
- Oily products will soften the bond and make your brows fall/peel off sooner. Avoid these near the eyebrow area; you can still gently use them around the brows.
- After 24 hours water can touch the eyebrows, but make sure shampoo or conditioner do not run through them. Do not apply any oily products before showering.
- Avoid touching your brows while in the shower. After the shower, you can gently press a towel on your Sleek Brows to dry them; do not rub the brows with the towel.
- To wash them, all a light water stream to run through them without any rubbing or contact with product, pat carefully with a towel.
- If at any time you find an eyebrow has moved out of place, just gently push it back into place like you would do with your own eyebrows.
- Be careful when pulling on clothes over-head; ensure you do not pull on the hairs with clothes.
- Eyebrow mascara, pencil and powder can be used to maintain the extension when you find that they are getting messier towards the end of their wear.
- Sauna and steam can be used but only **24 hours after** the treatment. Do not touch your brows while in the sauna or steam room or 30 minutes after sauna/steam.

Finally, enjoy the results and contact your technician if you have any questions!