

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:

- | | |
|--|---|
| <input type="radio"/> Inflammation of eyelid/eyebrow area | <input type="radio"/> Eye infections/conjunctivitis |
| <input type="radio"/> Skin trauma, swelling or abrasions | <input type="radio"/> Recent eye surgery |
| <input type="radio"/> Recent operations around eye, head or face in immediate area | <input type="radio"/> Hypersensitive skin |
| <input type="radio"/> Recent tattooing, microblading or feather touch treatments | <input type="radio"/> Sunburn |
| <input type="radio"/> Previous reaction to Henna application | <input type="radio"/> Botox/dermal fillers |
| <input type="radio"/> Chemotherapy (current cancer treatment) | <input type="radio"/> 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: _____
