

Lash & Brow Client Consent Form

Treatment Date: _____ Full Name: _____

Phone: _____ Email: _____

Have you had lash or brow treatments before? (Yes / No)

If yes, have you ever had previous reactions to lash or brow products? ☐ Yes ☐ No

If yes, please describe: _____

Treatment(s) Requested (tick all that apply)

☐ Eyelash Extensions

☐ Lash Lift & Tint

☐ Eyebrow Waxing

☐ Brow Lamination

☐ Brow Tint

☐ Other: _____

Please let us know if any of the following apply:

☐ Sensitive eyes or skin

☐ Eye infections or irritation

☐ Allergies to glue, tint, or other beauty products

☐ Recent eye or facial treatments

☐ None of the above

☐ Other (please specify): _____

Client Acknowledgements

☐ I confirm that the information I have provided is accurate and complete.

☐ I understand the procedure involves the use of adhesive, tint, or chemicals near my eyes and skin.

☐ I will follow the aftercare advice provided by the technician.

☐ I acknowledge that results may vary depending on my lifestyle, natural lash/brow condition, and aftercare

☐ I give consent for photos to be taken for documentation or marketing (please advise if you don't consent).

Patch Test Acknowledgement

I understand that I can request a patch test at least 24 hours before my treatment. If I have not requested one, I accept responsibility for any possible reaction.

Client Signature: _____

Technician Name: _____ Signature: _____