CONSULTATION FORM

HELLO HENNA brows

Client Details

Name		Date of Birth	
Email		Phone	
Address			
Town		Post Code	
Consultant			

Contra Indications

- ☐ Allergies
- ☐ Recent laser, chemical peels or Microdermabrasion
- ☐ Use of retinol/AHAs
- ☐ Scar Tissue (less than 6months old)
- ☐ Hepatitis A&B, HIV
- ☐ High/low Blood Pressure
- ☐ _____
- ☐ Conjunctivitis
- ☐ Infectious skin disease
- ☐ Oedema
- ☐ Sunburn/Overexposure to UV
- ☐ Cuts, Bruises or Abrasions
- ☐ Diabetes
- ☐ _____
- ☐ Suffer eczema, dermatitis or psoriasis
- ☐ Herpes simplex
- ☐ Anemia
- ☐ Hypersensitive skin
- ☐ Epilepsy
- ☐ Recent Tattoos
- ☐ Pregnancy
- ☐ Cancer

☐ Are you currently taking any medication. Please state: _____

☐ Are you under Doctor Supervision. Please state: _____

If Yes to any of the above, please expand on details below and note any special care/referral advice:

Treatment Information

The eyebrow styling treatment involves waxing, tweezing, trimming and the use of Henna.
The aim of the treatment is to create a bespoke eyebrow style for you and involves a consultation to discuss your requirements. You may need to follow a regrowth programme to achieve your desired look.
We cannot guarantee results, we can only use our judgement in your best interest. To maintain results, regular treatments will be require. Although your treatment will be carried out to the highest standards.

Possible side effects include:

- Allergies or reactions to any products/ingredients/depilation techniques involved in the treatment
- Small spots and bumps
- Skin grazing
- Soreness, redness or itching
- Sensitivity to waxing

Treatment Consent

I acknowledge the possible side effects and any additional that my medical history has highlighted and I agree to go ahead with the treatment.

- ☐ I am over 16 Years of age.
- ☐ I am aware the Henna may stain my skin.
- ☐ I have had a patch test 24-48 hours prior to treatment.
- ☐ I have been offered a wax sensitivity test prior to treatment.
- ☐ I am satisfied with the treatment explanation and Aftercare Advice.
- ☐ My Technician has answered any of my questions.
- ☐ I agree to contact my Technician immediately in the event of an adverse effect.
- ☐ I am not allergic to the following: Broad Beans, Fava beans, Citrus fruit, non-steroid or anti- inflammatory medication.
- ☐ I have never had a reaction to Hair dye or Tint
- ☐ I have never had any allergies or reactions to Para- phenylenediamine(PPD).

#LOOKMEINTHEBROWS

Date:	**Date:**
Client Signature :	**Stylist Signature:**

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HELLO HENNA brows

Treatment Plan

Client's Right Brow | Initial Treatment | Client's Left Brow

Date: _____ Treatment Plan: _____

Client's Right Brow | Updated Treatment | Client's Left Brow

Date: _____ Treatment Plan: _____

Client Record Card

Date	Hair Removal Method	Patch Test	Wax Test	Henna Used	Notes	Client's Signature

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