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**CONSENT FORM FOR TINTING, WAXING & LAMINATION PAGE 1 OF 2**

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| --- | --- |
| **Bbrows Studio** | **Name** |
| 49 Halfgayne Road | **Address** |
| Maghera |  |
| Co Derry |  |
| BT46 5NL |  |
| **Treatment Area & amount Paid** | **Date of Birth** |
|  | **email address** |
|  | **Mobile Number** |

***This form is designed to give you a full understanding of treatment, it is designed to inform you and outline all risks associated.***

*BBROWS STUDIO* is obligated to perform treatment in strict compliance with all hygiene and health protection measures, compliant with legal legislation, council regulations and insurance.

All question must be answered, failure to do so may result in the treatment not being carried out. All information is confidential, and it shall also be handled in that way *BBROWS STUDIO* assumes no liability in case of giving false information.

1. **HEALTH CONDITION QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
| Have you used Retinol, glyolic, AHA’s, Acids, laser, light therapy or skin peels, In the last 4 weeks | YES | NO |
| Are you using Retin-a, Renova or Accutane | YES | NO |
| Do you use any other skin thinning products, If yes please list | YES | NO |
| Have you ever had a previous reaction to tinting, waxing, lamination | YES | NO |
| Have you had Botox/fillers in the past 2 weeks | YES | NO |
| Do you suffer from Eczema/dermatitis/psoriasis | YES | NO |
| Do you suffer from any other skin condition |  |  |
| Do you use a tanning bed, If yes when was your last session? | YES | NO |
| Are you prone to herpes/cold sores, if yes how long from your last breakout? | YES | NO |
| Have you had an infectious diseases high fever in the last 7 days | YES | NO |
| Are you currently taking a course of antibiotics | YES | NO |
| Have you been on holiday or in the sun in the past 4 weeks | YES | NO |
| Have you applied fake tan in the last 1 week | YES | NO |
| Have you had any recent operation around the area in the last 12 weeks? | YES | NO |
| Are you pregnant/breast feeding | YES | NO |
| Have you had any recent tattooing/microblading treatments in the last 8 weeks? | YES | NO |
| Have you had any trauma, swelling, cuts or inflammation to the area in the past 2 weeks | YES | NO |
| Do you have any moles/scaring on the area | YES | NO |
| Do you have any Allergies, if yes Please list: | YES | NO |
| Please circle, what type of skin do you have  OILY DRY COMBINATION SENSTIVE SKIN |  |  |
| Do you wear contact lenses | YES | NO |

1. **RISKS, PATCH TEST & SOCIAL MEDIA**

|  |  |  |
| --- | --- | --- |
| I understand that I will need to maintain the colour/shape with future treatments and that regular tinting & waxing is advised. | YES | NO |
| I confirm that the pre & after care have been explained to me which I will follow to the best of my ability | YES | NO |
| I confirm that I have been given the opportunity to ask questions regarding procedure, risks and hazards | YES | NO |
| I confirm that I have been given a patch test & had NO reaction and understand that this does still not prevent a future reaction | YES | NO |
| Our insurance company requires “before & after” photos/videos to be taken & kept on file. We would like your consent to use these for advertising eg; portfolios, online & printed adds. | YES | NO |

**6. DISCLAIMER AND CONSENT PAGE 2 OF 2**

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| --- | --- |
| I understand that on the day of the appointment, the area must be in good/healthy condition and pre-care must be followed, *BBROWS STUDIO* Reserves the right to rescheduled/cancelled your appointment | YES NO |
| I understand results and how they last will differ for everyone skin type, skincare, hair growth/colour, pre/after care, therefore your results are beyond our control *BBROWS STUDIO* excepts no liability thus providing a warranty of guarantee is not possible | YES NO |
| I understand that a non-refundable deposit is required to secure booking | YES NO |
| I confirm that I have read and fully understand this form and that I have completed honestly, I accept all the risks and do not hold *BBROWS STUDIO* responsible for any unhappy result. | YES NO |
| **PRINT NAME:** | **DATE** |
| **CLIENT SIGINTURE** |  |
| **VALID WITH OUT A SIGINTURE OR STAMP** |  |