

# CONSULTATION FORM

HELLO  
HENNA  
brows

## Client Details

Name		Date of Birth	
Email		Phone	
Address			
Town		Post Code	
Consultant			

## Contra Indications

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Allergies   | <input type="checkbox"/> Conjunctivitis             | <input type="checkbox"/> Suffer eczema, dermatitis or psoriasis |
| <input type="checkbox"/> Recent laser, chemical peels or Microdermabrasion | <input type="checkbox"/> Infectious skin disease    | <input type="checkbox"/> Herpes simplex                         |
| <input type="checkbox"/> Use of retinol/AHAs                               | <input type="checkbox"/> Oedema                     | <input type="checkbox"/> Hypersensitive skin                    |
| <input type="checkbox"/> Scar Tissue (less than 6months old)               | <input type="checkbox"/> Sunburn/Overexposure to UV | <input type="checkbox"/> Epilepsy                               |
| <input type="checkbox"/> Hepatitis A&B, HIV                                | <input type="checkbox"/> Cuts, Bruises or Abrasions | <input type="checkbox"/> Recent Tattoos                         |
| <input type="checkbox"/> High/low Blood Pressure                           | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Pregnancy                              |
| <input type="checkbox"/> _____   | <input type="checkbox"/> _____                      | <input type="checkbox"/> 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 risks that my medical history has highlighted and I agree to go ahead with my treatment.

- I have carried out a henna patch test 48 hours before the date of my appointment.
- I have read and understood all of the information provided above and within my consultation.
- I have been offered a wax sensitivity test 24 hours before my treatment.
- I am satisfied with the explanation of the treatment and aftercare from my Stylist.
- I have answered the questions regarding my medical history truthfully and to the best of my knowledge.
- I agree to contact my Stylist immediately in the event of any adverse affects.
- I hereby authorise the fully trained and certified Stylist to perform the treatment on myself.

Client Signature	Stylist Signature
Date:	Date:

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## 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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