Brow & Lash Tint / Lamination Consent

Consent and patch-test record for eyebrow and eyelash tinting, brow lamination, lash lift, and henna brows

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Service Details

Services today *

- [ ] Brow tint
- [ ] Lash tint
- [ ] Brow lamination
- [ ] Lash lift
- [ ] Henna brows
- [ ] Brow shaping / Wax / Thread

Patch test *

- [ ] Patch test done 24–48 hours ago — no reaction
- [ ] Patch test done — reaction occurred
- [ ] I decline a patch test and accept the risk
- [ ] Not done yet

Have you had brow or lash tint, lamination, or lash lift before? *

- [ ] Yes
- [ ] No

If yes, any reaction (itching, swelling, redness)?

Health Screening

Have you ever reacted to hair dye, henna tattoos, or PPD? *

- [ ] Yes
- [ ] No

Do you have an eye infection, conjunctivitis, stye, blepharitis, or recent eye surgery? *

- [ ] Yes
- [ ] No

Do you wear contact lenses? *

- [ ] Yes
- [ ] No

Do you have eczema, psoriasis, dermatitis, or broken skin around the brows or eyes? *

- [ ] Yes
- [ ] No

Are you undergoing chemotherapy, radiotherapy, or treatment for a thyroid condition? *

☐ Yes ☐ No

Are you pregnant or breastfeeding? *

☐ Yes ☐ No

Do you use retinol or exfoliating acids on the brow area? *

☐ Yes ☐ No

Risks & Complications

Possible reactions:

- Allergic reaction to tint, developer, or lamination solution — itching, swelling, redness, blistering; rarely a severe reaction. Reactions can develop even after previous uncomplicated services, which is why a patch test is recommended before each new product
- Eye irritation, stinging, or watering if product reaches the eye
- Skin staining that fades within days
- Over-processed, frizzy, or brittle hairs from lamination or lift, or uneven curl
- Temporary hair loss with repeated lamination without adequate rest between services
- Color result varying with hair porosity and previous tint

Keep brows and lashes dry and free of makeup, oils, and steam for 24 hours after lamination or lift. Do not rub your eyes.

I understand that tint and lamination products can cause allergic reactions even after previous services without reaction, that a patch test reduces but does not eliminate this risk, and that if I decline a patch test I accept that risk.

I understand the risk of allergic reaction and the purpose of the patch test: _____

I agree to follow the aftercare instructions and to contact the salon or seek medical care if I develop swelling, itching, or eye irritation.

I will follow aftercare and report any reaction: _____

Service Log

For office use only

	Date	Service	Products / Shade / Timing	Notes
Entry 1				
Entry 2				
Entry 3				
Entry 4				
Entry 5				
Entry 6				

Consent & Signature

I voluntarily consent to the brow and/or lash service(s) selected above. I have been informed of the possible reactions and aftercare, I have answered the screening questions truthfully, and I understand results vary. I release the provider and salon from liability related to this service except in cases of negligence.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above and consent to the service: _____

Signature

Date

Print name

Date *

MM / DD / YYYY