

# Beauty Brow & Lash Bar

6/260 Chapel Street (Entry Via King St)  
 Prahran VIC 3181 0422 436 334  
[www.beautybrowlashbar.com.au](http://www.beautybrowlashbar.com.au)

## CLIENT CONSULTATION FORM – EYEBROW FEATHERING

The information provided below is confidential and for professional use only

Name	Phone
Address	Postcode
Email	

<b>ANAESTHETIC</b>	<b>CLIENT INITIAL</b>
The topical anaesthetic used may contain Lignocaine and Tetracain Prilocaine. Do you give your approval for these creams and lotions to be used before and during your procedure?	
<b>COLOUR &amp; SHAPE</b>	<b>CLIENT INITIAL</b>
I certify that I have been given the opportunity to discuss shape and to choose the colour for this procedure and I am content with both of these choices.	

**HEALTH HISTORY**

Please tick if you have any of the following concerns

	YES	NO
Diabetes		
Heart Concerns		
Hepatitis		
HIV		
Blood Disorder		
Communicable Disease		
Allergies		
Pregnant		
Glaucoma		
Eye Infection		
Contact Lenses		
Botox		
Other, if yes please state below		

Are you currently taking any prescribed medicines? Yes  No  If yes, what medication/s? \_\_\_\_\_

Are you currently taking vitamins/hormones? Yes  No  If yes, what vitamins/hormones? \_\_\_\_\_

Have you ever had an adverse reaction to products, treatments, or chemicals used on your skin? Yes  No  If yes, please describe in detail \_\_\_\_\_

Have you recently suffered from an injury in the eye area in the last 4 weeks? Yes  No  If yes, please describe in detail \_\_\_\_\_

**COSMETIC TATTOOING HISTORY**

Have you ever/do you currently undergo any cosmetic tattooing treatments? Yes  No

If yes, describe the treatment \_\_\_\_\_

How long has it been since your last treatment?

1-2 months

5-6 months

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3-4 months

Other  \_\_\_\_\_

Are you/were you satisfied with your treatment/s Yes  No

If No, why not?

## STYLE INFORMATION

What is your natural brow texture?

Thick

Sparse

Curly

Thin

Shapely

Straight

Other  \_\_\_\_\_

Describe your desired look. What about the look is most appealing to you?

How often do you look after your brows?

Never

Sometimes

Often

Always

Please list any products you currently use or in the vicinity of your brows.

Are you satisfied with your current products? Yes  No

If no, why not? \_\_\_\_\_

Is there any additional information you wish to share?

## EMERGENCY CONTACT

Name:

Relationship:

Phone:

## DECLARATION

- ✓ I understand that this treatment is for Cosmetic enhancement purposes only and that no guarantees have been made to me regarding the results, including fading.
- ✓ I am responsible for the *at home after care* which may create risk of infection or fading of pigments if not carried out properly and completely.
- ✓ I consent to before and after photos of this procedure.
- ✓ I will not hold the Therapist responsible in the event of any damage and shall not be entitled to take action against her at Law and Equity for the treatment.
- ✓ I am aware that I cannot give blood for 12 months after the procedure (this is universal law).
- ✓ I have had the opportunity to ask questions relating to the treatment.
- ✓ I am aware that more than 1 treatment may be necessary for the best results and that there is a cost for a perfecting procedure.
- ✓ I certify that I have read and understood all questions and information on this client detail consultation form and have answered all questions truthfully.

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Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_