

# Beauty Brow Lash Bar

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## CLIENT TREATMENT DATA SHEET – BROW FEATHERING

First Name		Last Name	
Date of initial treatment		Date of return	
Mobile		Email	

### SKIN TYPE

Warm  Neutral  Cool

### SKIN UNDERTONE

Pink  Beige  Olive

### ETHNICITY

Fair-skinned Caucasian  Darker Caucasian  European   
Mediterranean  Asian  Hispanic   
Native American  Middle Eastern  African/Afro-American

### BROW SHAPE

Tick the boxes below that describe the shape created

Thick  Thin  High Arch  Full Arch   
Symmetrical  Uneven  Petite Arch  Classic Arch   
Short  Long  Sharp  Rounded   
Other  \_\_\_\_\_

### PIGMENTS

Tick the boxes that correspond the pigment/s used

Tan  Brunet  Golden Brown   
Taupe  Milky

### REACTIONS

No bloodshed  Little bloodshed  Excessive bloodshed   
Pain subsided  Pain throughout  Excessive Pain   
Little to no redness  Normal redness  Abnormal redness   
Little to no swelling  Normal swelling  Abnormal swelling

After care provided? Yes / No Aftercare Products Purchased? Yes/ No Details \_\_\_\_\_