

Eye Category Client Consultation and Consent Form

Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Alternate No: _____ Email address: _____

Have you ever used hair dye before? Yes No

Have you ever had an allergic reaction to hair dye? Yes No (If yes, describe) _____

Do you wear contact lenses? Yes No Did you bring your solution and case with you today? Yes No

What over-the-counter and prescription skin care products are you currently using? _____

Do you have diabetes or any auto-immune disease? Yes No (If yes, describe) _____

Are you currently being treated by a physician for any illness, virus, infection or condition? (If yes, describe) _____

Please list any medications you are taking including over-the-counter, herbs, herbal, vitamins and supplements: _____

Do you have any skin conditions? Yes No (If yes, describe) _____

Do you have any allergies or sensitivities? Yes No (If yes, describe) _____

Have you ever previously had your eyebrows or eyelashes dyed or permed? Yes No (If yes, when?) _____

Did you experience any adverse reactions? Yes No (If yes, describe) _____

Are you pregnant? Yes No

*Although every precaution will be taken to ensure your safety and well-being before, during and after your service it is important that you are aware of the possible risks listed below: (Please initial each line as read)

____ I understand that I must tell my technician immediately if I notice any sensation (good or bad) in the area of the service.

____ I understand that if I am pregnant I should not have any chemical service for the duration of my pregnancy; however it is my choice to do so. I consent to a 24 hour patch test _____ (initial)

____ I understand that tinting eyelashes or eyebrows offers a risk of irritation to the eye and orbital eye area that could result in stinging or burning, blurry vision and potentially blindness should the dye enter into the eye.

____ I understand that if the hair dye, developer, perm solutions or mixture thereof accidentally comes into contact with my eye, my eye will be flushed with water and that I may need to seek medical attention at my cost.

____ I understand that some irritation, itching or burning may occur to the skin which comes into contact with the products used for these service(s).

____ I understand that there may be some residual dark staining left on the skin following the tinting process; this will fade and disappear within a short time.

____ I understand that, while every attempt will be made to provide me with my chosen result that hair can absorb dye differently and my final result may not be the color I initially requested.

____ I understand that over the course of several weeks the tint will gradually lighten and fade and that if I use exfoliating and other skincare ingredients on these areas or if I swim in chlorinated water the results of the service(s) will fade faster. Touch-ups will be required to keep the tint color looking fresh (3-4 weeks).

