

Brow Services Consent Form

Salon Name: The Babe Spa

Service (please check): Henna Eyebrow Extensions Wax & Contour Waxing Shape and Tint



Client Details

Client Name: _____ **Date of Birth:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Mobile Phone:** _____ **Email:** _____

Sex: M F

How did you hear about us?

Internet Hair/Nail Salon Television Magazine Walk by Friend (Specify) Radio Other (Specify)

Eyebrow Design

Current Brows:

Natural eyebrow shape: Straight Round Angled

Natural eyebrow density: Sparse Medium Full

Wanting to achieve?

More definition Dark eyebrows Fuller eyebrows Improved shape

Patch Test

Would you like to have a patch test performed? Yes No Not required (**Tech Signature**)

Date performed or Date Waived? _____

Agreement: I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted, may indicate my sensitivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and service(s).

Client Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____

Medical History

Have you had lash or brow tinting before and experienced a reaction? Yes No

Details _____

Current Conditions, Previous Discomfort, Stinging or Adverse Reactions

Please check any that apply.

<input type="checkbox"/> Inflammation of eyelid/eyebrow area	<input type="checkbox"/> Botox/dermal fillers	<input type="checkbox"/> Previous reaction to Henna application
<input type="checkbox"/> Skin trauma, swelling or abrasions	<input type="checkbox"/> Skin Disorders/disease	<input type="checkbox"/> Chemotherapy (current cancer treatment)
<input type="checkbox"/> Recent operations around eye, head, or face in immediate area	<input type="checkbox"/> Eye infections/conjunctivitis	<input type="checkbox"/> Hypersensitive skin
<input type="checkbox"/> Recent tattooing, microblading or feather touch treatments	<input type="checkbox"/> Recent eye surgery	<input type="checkbox"/> Sunburn

Have you had lash or brow tinting before and experienced a reaction? Yes No

Details _____

Allergy & Medical History:

Do you have allergies? Yes No (please specify.) _____

Have you had an allergic reaction to hair color? Yes (please specify.) No _____

Have you had any skin problems in the past 4 weeks? Yes (please specify.) No _____

Have you recently had a chemical peel or microdermabrasion? Yes (Specify date.) No _____

Do you use products containing retinol or AHA? Yes (please specify.) No _____

Do you have diabetes, lupus, or any autoimmune disease? Yes (please specify.) No _____

Any medications (Prescribed and Over the Counter including vitamins/herbs/supplements) or Skincare products you are currently using:

Other relevant information: (Any illnesses or conditions you are being treated by a physician for?)

I certify that the medical history provided today is accurate and complete to the best of my knowledge.

Client Signature: _____ **Date:** _____

Technician Signature: _____

Date: _____

Procedure Consent

Although we take every precaution to ensure your safety and well-being before, during and after your brow service, please be aware of the possible risks below. Please initial.

_____ I understand that tinting lashes or brows have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning sensation, blurry vision and potential blindness should the tint enter into the eye.

_____ I understand that waxing can have certain side effects such as skin removal, redness, swelling, tenderness, etc.

_____ I understand that the Sleek 3D brow procedure involve risks inherent in the procedure that have the possibility of complications during and/or after the procedure was performed such as : infection, misplaced pigment, poor color retention, and hyperpigmentation.

_____ I understand that in the case of eyebrow extensions, sleeping on my face, extreme weather changes, steam, sauna, and other activities may damage the adhesive or crimp the extensions and may require ongoing maintenance (similar to eyelash extensions) and that the refill fees are based on time and/ or the number of extensions that need to be replaced at the refill appointment.

_____ I give permission to my therapist to perform the procedure we have discussed, and will hold him/her and his/her staff harmless from any liability that may result from this treatment.

_____ I understand that in the event I have questions or concerns regarding my treatment, I will consult the esthetician and The Babe Spa, LLC. immediately.

I _____ (printed name) hereby consent to the procedure and authorize a certified technician working with The Babe Spa, LLC. to apply products to my own brows.

Client Signature: _____

Date: _____

Company Lateness and Cancellation Policy

Our time is very valuable. To ensure that we can provide all of our clients with excellent service, we ask that you be on time to all of your appointments. Please arrive at least **5 to 10 minutes** prior to your scheduled time to ensure you receive your full appointment time.

In the event that you should be tardy, we ask that you be considerate and call to inform us of your situation so we may take necessary action or make special arrangements. Please be aware that if you are 15 minutes or more late to your appointment, you will be voided. You will need to reschedule. **NO EXCEPTIONS.**

In the event that you need to cancel or reschedule your appointment, we asked that you notify us at least 48 hours in advance of your scheduled appointment.

- **WE RESERVE THE RIGHT:** to charge 50% of the scheduled service price when cancelling or rescheduling less than 48 hours prior to your appointment.
 - **WE RESERVE THE RIGHT:** to charge 100% of the scheduled service(s) on No-Shows.
- ** ALL CLIENTS MUST HAVE A CREDIT CARD ON FILE PRIOR TO BOOKING AN APPOINTMENT FOR ANY SERVICE TO GUARANTEE YOUR APPOINTMENT ****

The satisfaction of our clients is our main priority. We offer prompt solutions to any problems or concerns that may occur.

We do not offer refunds, credits, or exchanges for products sold or services rendered.

If, for any reason, you feel dissatisfied with any of our services, please bring this to management's attention. We appreciate all feedback, negative or positive, from our clients to better serve you. As part of our service we like to provide follow-ups by phone and email (contact@thebabespa.com), for any questions or concerns.

I understand and acknowledge The Babe Spa, LLC.'s policy regarding lateness and appointment cancellations.

Client Signature: _____ **Date:** _____

Company Privacy Policy

We value your privacy. We do not disclose your personal information or share it with other outside entities unless otherwise authorized by you. Your information is used for internal statistic, marketing, or educational purposes. We do not send spam emails. We only communicate with our clients and potential clients regarding new services, price changes, special offers, and appointment notifications.

Photo Release Waiver

I understand that for legal purposes, The Babe Spa, LLC, will take photos before and after the service is complete.

Client Initials _____

I hereby grant and authorize The Babe Spa, LLC the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in an/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites, and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

Client Initials _____

I understand and agree that these materials shall become the property of The Babe Spa, LLC. and will not be returned.

Client Initials _____

I hereby hold harmless, and release The Babe Spa, LLC. from all liability petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on the behalf of my estate.

Client Initials _____

Client Signature: _____ **Date:** _____

I have fully read and understand and hereby acknowledge the contents of this consent form to its entirety including my responsibilities detailed throughout this document. I have been given the opportunity to ask questions about the products, application procedure, and any risks or hazards involved.

Client Signature: _____ **Date:** _____

Technician Signature: _____ **Date:** _____