

PLEASE NOTE: This document is purely intended as an example. Every country and region will have it's own rules and regulations of which you must follow.

CLIENT CONSULTATION FORM

| | |
|--------------|---------------|
| Name: | Phone: |
| | Email: |

| Product/Allergy Checklist <small>(do you use, or have you recently used any of the following?)</small> | | | Further Assessment | | |
|--|-----|----|--|-----|----|
| Vitamin A (Used in most anti ageing and acne skin care) | Yes | No | Have you had your eyebrows waxed before? | Yes | No |
| Known Allergy to PPD | Yes | No | Have you ever had your eyebrows tinted before? | Yes | No |
| Retin A (Used in most anti ageing and acne skin care) | Yes | No | Have you recently suffered from sunburn? | Yes | No |
| Antibiotics (Doxycycline) | Yes | No | Have you ever reacted to 3% peroxide or hair peroxide? | Yes | No |
| Prescription Acne Medication | Yes | No | Have you ever had a reaction to wax or tint? If yes, please specify _____ | Yes | No |
| • Roaccutane | Yes | No | Have you ever broken out in a rash on top of your brow? | Yes | No |
| • ReTrieve Cream | Yes | No | Have you ever had lumps, welts, heat rash or small white pimples appear above your brow, after having a treatment performed or after using a new facial product? | Yes | No |
| • Epiduo | Yes | No | | | |
| • Duac | Yes | No | | | |
| Product Ingredients: | | | Is your skin sensitive? | Yes | No |
| Wax | | | Have you had a spray tan in the last week? | Yes | No |
| | | | Have you recently or ever had Feather Touch Eyebrow Tattooing? If so, when _____ | Yes | No |
| | | | Have you recently had any facial treatments, peels, microdermabrasion, or skin needling? | Yes | No |
| Tint | | | STYLIST ONLY: Test Patch Necessary | Yes | No |

I _____ confirm that I have filled out the above information to the best of my ability and that the answers I have given are correct. I have not withheld any information, as I understand this may cause an adverse reaction. I accept full responsibility for any treatment that I have at _____ and I would like to go ahead with my Brow Restyle.

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|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|