



BROW WAX & TINT

Client Intake

GENERAL INFORMATION

Name: _____ Date: _____

Date of birth: _____ Age: _____ ☐Female ☐Male ☐NB

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

MEDICAL HISTORY

Please check any of the following medical conditions that apply to you:

- | | |
|---|--|
| <input type="radio"/> High blood pressure | <input type="radio"/> Cancer |
| <input type="radio"/> Low blood pressure | <input type="radio"/> Epilepsy |
| <input type="radio"/> Heart disease | <input type="radio"/> HIV/AIDS |
| <input type="radio"/> Diabetes | <input type="radio"/> Hepatitis |
| <input type="radio"/> Thyroid disorder | <input type="radio"/> Skin conditions (e.g. eczema, psoriasis) |
| <input type="radio"/> Autoimmune disorder | |

If you checked any of the above, please provide more information below: _____

Any other conditions: _____

Please list any allergies you have, including allergies to medications, skincare products, or hair dyes: _____

Are you currently pregnant or breastfeeding? ☐No ☐Yes

MEDICATIONS

- ☐ Blood thinners (e.g. aspirin, warfarin)
- ☐ Steroids (e.g. prednisone)
- ☐ Retinoids (e.g. Accutane)
- ☐ Antibiotics
- ☐ Antidepressants
- ☐ Birth control
- ☐ Other (please specify) _____

PROCEDURES

- ☐ Facial surgery
- ☐ Laser treatment
- ☐ Chemical peel
- ☐ Microblading
- ☐ Permanent makeup
- ☐ Other (please specify) _____



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What are your current brow concerns?

- ☐ Overgrown brows
- ☐ Sparse brows
- ☐ Uneven brows
- ☐ Patchy brows
- ☐ Thin brows
- ☐ Other (please specify)

What is your desired brow look?

- ☐ Natural
- ☐ Full
- ☐ Defined
- ☐ Arched
- ☐ Thick
- ☐ Other (please specify)

How frequently do you typically get your brows waxed & tinted?

- ☐ Monthly
- ☐ Every 6 weeks
- ☐ Every 8 weeks
- ☐ Other (please specify)

Have you had any adverse reactions to brow wax & tint services in the past?

- ☐ No
- ☐ Yes (please provide details below)

SKIN TYPE

Please check the box that best describes your skin type:

- | | |
|-----------------------------------|--|
| <input type="radio"/> Dry | <input type="radio"/> Sensitive |
| <input type="radio"/> Normal | <input type="radio"/> Acne-prone |
| <input type="radio"/> Oily | <input type="radio"/> Other (please specify) |
| <input type="radio"/> Combination | |

Notes

I certify that the above information is true and accurate to the best of my knowledge. I understand that failure to disclose any medical conditions or allergies may result in adverse reactions or complications during the brow wax & tint service. I also understand that the esthetician has the right to refuse service if it is deemed unsafe or medically contraindicated.

Client printed Name

Client signature

Date



BROW WAX & TINT

Consent & Liability

Service: Please check the box below to indicate which brow wax & tint service you are requesting:

☐ Brow wax & tint ☐ Brow tint only ☐ Brow wax only

Risks and Benefits: I understand that the brow wax & tint service involves the use of hot wax and tinting products, which can cause redness, swelling, and irritation of the skin. I also understand that the results of the service may vary depending on factors such as skin type, hair color, and individual preferences.

Allergic Reactions: I understand that allergic reactions to waxing and tinting products can occur, even if I have had similar services in the past without any reaction.

I acknowledge that I have provided a list of my allergies to the esthetician and understand that it is my responsibility to inform the esthetician of any changes in my health or allergies prior to each service.

Release of Liability: I understand that the brow wax & tint service involves certain risks and I release the esthetician and the establishment from any liability for any injury, loss, or damage arising out of the service or as a result of my failure to disclose any medical conditions or allergies.

I agree to indemnify and hold harmless the esthetician and the establishment from any and all claims, costs, damages, and expenses, including attorney fees, arising from my receipt of the service.

Consent: I have read and understand the risks and benefits associated with the brow wax & tint service, as well as the release of liability. I consent to the brow wax & tint service and authorize the esthetician to perform the service as outlined.

I understand that I have the right to ask questions and that I can stop the service at any time if I feel uncomfortable or experience pain.

By signing this form, you acknowledge that you have read and understand the brow wax & tint consent and liability form and consent to the service. If you have any questions or concerns, please discuss them with the esthetician before signing this form.

Client printed Name

Client signature

Date



BROW WAX & TINT

Aftercare Advice

Congratulations on your new beautifully shaped and tinted brows! Proper aftercare is important to ensure your brows stay healthy and vibrant. Follow these tips to keep your brows looking amazing:



Avoid touching your brows for at least 24 hours after your appointment to avoid irritation.



Avoid hot water, saunas, steam rooms, and sun exposure for the first 24 hours after your appointment.



Do not apply any makeup or skincare products to your brows for at least 24 hours after your appointment.



Do not use any exfoliating products on your brows for at least 48 hours after your appointment.



Avoid swimming or excessive sweating for 24-48 hours after your appointment.



If you experience any redness, swelling, or irritation, apply a cold compress to the area.



Do not use any harsh products, such as alcohol-based toners or astringents, on your brows.



To maintain your tint, avoid using oil-based products on your brows and use a gentle cleanser when washing your face.



Touch up your tint every 3-4 weeks to maintain the color and vibrancy of your brows.



Remember to always handle your newly waxed and tinted brows with care.