

Client Consultation Form – Eye Treatments

Name: Phone Number:

Address:.....

Date of birth: Have you had lash and brow treatments before? Yes/No

If yes, any reactions? Yes/No

CONTRAINDICATIONS REQUIRING MEDICAL PERMISSION – in circumstances where medical permission cannot be obtained the treatment cannot be carried out (select if/where appropriate):

Medical oedema
Nervous/Psychotic conditions
Epilepsy
Recent facial operations affecting the area
Diabetes
Skin cancer

Slipped disc
Undiagnosed pain
Taking prescribed medication
Whiplash

CONTRAINDICATIONS THAT RESTRICT OR PREVENT TREATMENT (select if/where appropriate):

Fever
Contagious or infectious diseases
Under the influence of recreational drugs or alcohol
Diarrhoea and vomiting
Any known allergies
Eczema
Undiagnosed lumps and bumps
Localised swelling
Inflammation
Cuts
Bruises
Abrasions
Scar tissue (2 years for major operation and 6 months for a small scar)
Hormonal implants
Recent fractures (minimum 3 months)
Sinusitis
Neuralgia
Sunburn

Migraine/Headache
Hypersensitive skin
Botox/dermal fillers
(6 weeks following treatment)
Hyperkeratosis
Skin allergies
Trapped/pinched nerve affecting the treatment area
Inflamed nerve
Styes
Conjunctivitis
Watery eyes
Eye infection
Blepharitis
Chemotherapy
Trichotillomania
Glaucoma
Contact lenses
(Must be removed prior to treatment)

Do you have any other medical conditions or needs that may affect this service? Yes/No

If yes please give details:

.....
.....
.....

SKIN SENSITIVITY PATCH TEST

Date of skin test: **Clients initials:**

Positive(reaction) ☐ Negative (no reaction) ☐ Clients initials:

Treatment to include (select if/where appropriate)

**Lash lift/Perm
Lash & Brow Tint**

**Brow Lamination
Brow Waxing/Shaping**

I hereby declare that I have answered truthfully to the above questions. I am aware that I may be putting myself at risk if I do not answer truthfully to any of the above questions. I agree I cannot hold the therapist responsible for any adverse reaction to the treatment.

Sign:..... Print:..... Date:.....