

APPENDIX INDEMNITY / CLIENT CONFIDENTIALITY FORM

PERSONAL DETAILS: Client Name: _____

Salon Name: _____

Address: _____

Post Code: _____ Date of Birth: _____

Phone: _____ Mobile: _____

Email: _____

PLEASE TICK ANY OF THE FOLLOWING THAT APPLY:

- Positive reaction to a patch or sensitivity test (allergy)
- Previous reaction experienced to the same or similar service in the past
- Skin conditions such as: Eczema, Dermatitis, Psoriasis, Lesions or Sores, Open wounds
- Contagious skin diseases (such as, Herpes Simplex, Chicken Pox, or Shingles)
- Skin trauma, cuts, abrasions, burns and swelling in the immediate area
- Infections such as Impetigo or Conjunctivitis
- Chemotherapy
- Recent operations around eyes, head or face or scar tissue in immediate areas
- Hypersensitive skin/eyes
- Alopecia
- Trichotillomania
- Any disease/disorder that causes shaking, twitching or erratic movements
- Steroid or cortizone creams. Please provide medical clearance from dermatologist or doctor
- Brow growth serums
- Spray tans or self-tanning lotions
- Very dry skin
- Pregnant or lactating
- Contraceptive Pill or HTR
- Post Chemotherapy. Please provide medical clearance from your doctor

APPENDIX INDEMNITY / CLIENT CONFIDENTIALITY FORM

Recent microblading or tattooing service. How long ago: _____

Botox and dermal fillers. How long ago: _____

Anti-acne medications such as Roaccutaine, doxycycline and epiduogel etc.

Please List: _____

Anti-aging creams such as Vitamin A, Retinols, AHA's and BHA's.

Please List: _____

Brow henna application. How long ago: _____

Sunburn. How long ago: _____

Other relevant information: _____

Have you had Lash or brow tinting, lash lifting, lash perming, eyelash extension or semi-permanent mascara applied previously? Yes No

Information: _____

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 services(s).

Signature: _____ Date: _____

BEAUTY PROFESSIONALS NOTES: _____

Hair Review: _____

Skin Review: _____

Treatments being performed: _____
