BROW HENNA CLIENT INTAKE FORM

General Information

Name _____ Birthday _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ Email_____
Occupation _____
Emergency Contact Name _____ Phone # _____
Would you like to be added to our email list for specials and discounts? Yes No
How did you hear about us? _____

Brow Tint History

Have you ever had your lashes or brows tinted? ☐ Yes ☐ No
If yes, have you ever had an adverse reaction? ☐ Yes ☐ No
If yes, please explain: _____
Have you used hair color before? ☐ Yes ☐ No
Have you ever had an allergic reaction to hair color? ☐ Yes ☐ No
If yes, please explain: _____

Medical History

Do you wear contact lenses? ☐ Yes ☐ No
Do you have frequent eye irritation itching, or watery eyes? ☐ Yes ☐ No
Are you or could you be pregnant? ☐ Yes ☐ No
Do you have, or are you being treated for any kind of eye injury? ☐ Yes ☐ No
If yes, please explain: _____
Do you have any allergies? ☐ Yes ☐ No
If yes, please explain: _____
Are you currently taking any medications or supplements? ☐ Yes ☐ No
If yes, please explain: _____

Do you have any of the following conditions? (Please check all that apply)

☐ Alopecia	☐ Cancer	☐ Cataract
☐ Conjunctivitis	☐ Diabetes	☐ Dry Eyes
☐ Eczema	☐ Glaucoma	☐ Lupus
☐ Psoriasis Around the Eyes	☐ Thyroid disease	☐ Recent Eye Infection
☐ Sensitive Eyes	☐ Other: _____	

Please list any illness or condition you are currently being treated by a physician for:

_____

_____

By signing below, I agree to the following:
I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed	Signature	Date
_____	_____	_____