Business/Salon: _____

EYELASH & EYEBROW TINT CLIENT CONSULTATION, INFORMED CONSENT, LIABILITY RELEASE & PHOTO AUTHORIZATION

Service Provider: _____ **Appointment Date:** _____

Service Requested: ☐ Eyelash Tint ☐ Eyebrow Tint ☐ Both

CLIENT INFORMATION

Full Name: _____ **Preferred Name:** _____

Date of Birth: _____ **Age:** _____

Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone:** _____

Parent/Guardian (if required): _____ **Relationship:** _____

Please answer every question honestly and explain any 'Yes' response. A 'Yes' answer does not always prevent service, but the provider may delay, modify, or decline the service, follow product-specific precautions, or request medical clearance.

HEALTH & SERVICE SCREENING

Yes / No	Health and Service Screening	Details / Date
Y ☐ N ☐	Current or recent eye/eyelid infection or inflammation, including stye, conjunctivitis (pink eye), blepharitis, significant redness, swelling, discharge, pain, or irritation.	_____
Y ☐ N ☐	Cuts, abrasions, sunburn, rash, eczema, psoriasis, dermatitis, recent cosmetic procedure, or broken/sensitive skin in the eyebrow or eye area.	_____
Y ☐ N ☐	Recent or ongoing eye injury, surgery, laser procedure, cosmetic/medical eye treatment, or care by an ophthalmologist or other medical provider.	_____
Y ☐ N ☐	Known allergy or sensitivity to hair dyes or tints, PPD/PTD, resorcinol, peroxide/developer, silver nitrate, henna or black henna, cosmetics, latex, adhesives, tapes, or similar ingredients.	_____
Y ☐ N ☐	Previous reaction to eyelash/eyebrow tint, hair dye, henna, temporary tattoo, lash/brow service, or another chemical product used around the eyes or brows.	_____
Y ☐ N ☐	Contact lenses, lash extensions, recent extension removal, lash lift, brow lamination, waxing, threading, tinting, or another recent service in the treatment area.	_____
Y ☐ N ☐	Use of prescription eye drops, lash/brow growth serum, retinoids, exfoliating acids, acne medication, or other products/medications that may affect the eyes, skin, or hair.	_____
Y ☐ N ☐	Pregnant, nursing, or experiencing hormonal changes that may affect skin sensitivity, hair condition, or the predictability of results.	_____
Y ☐ N ☐	History of severe allergy or anaphylaxis, asthma/respiratory sensitivity, or another condition that could complicate an allergic or irritation response.	_____
Y ☐ N ☐	Natural lashes or brows that are weak, brittle, sparse, shedding, damaged, overprocessed, or otherwise unsuitable for the requested service.	_____

Additional details, allergies, medications, treatments, previous reactions, or provider instructions:

_____

Business/Salon: _____

EYELASH & EYEBROW TINT SERVICE INFORMATION & INFORMED CONSENT

ABOUT THE SERVICE

An eyelash and/or eyebrow tint is a cosmetic color service that deposits temporary or semi-permanent color onto natural lash or brow hair. Depending on the product system, the service may involve cleanser, tint/color, developer or activator, barrier cream, eye pads, and finishing products. It does not add hair, change hair growth, create lash curl, or permanently alter hair color or brow shape. Brow tint may temporarily stain the skin and may appear darker immediately after application. Results and longevity vary based on natural hair and skin, product system, shade, technique, growth cycle, cleansing, oils, sun exposure, swimming, and aftercare.

PRE-SERVICE CONFIRMATION

☐ I confirmed the service area and desired shade, and I understand the provider will select and adjust the formula based on my natural hair, skin, disclosures, and the product instructions.
☐ I arrived without heavy eye/brow makeup or residue in the treatment area, or I authorize the provider to cleanse the area before service.
☐ For eyelash tinting, I have removed my contact lenses and will keep my eyes fully closed and remain as still as reasonably possible throughout the service.
☐ I will immediately tell the provider if I experience burning, sharp pain, significant stinging, breathing difficulty, dizziness, vision changes, or other concerning symptoms. I understand the provider may postpone, stop, or modify the service if my eyes, skin, hair, disclosures, or reaction make it unsafe or unsuitable to continue.

POSSIBLE RISKS & RESULTS

Possible risks include temporary or lasting redness, itching, swelling, watering, dryness, burning, irritation, allergic contact dermatitis, chemical exposure or burn to the eye or surrounding skin, infection, temporary skin staining, color transfer, uneven or unexpected color, hair dryness, breakage, shedding or loss, and other eye/skin injury, including vision changes that may require first aid or medical evaluation. Severe allergic reactions and serious eye injury are uncommon but possible. Patch testing and careful professional application reduce some risks but cannot predict or prevent every reaction. Results are not guaranteed, and the tint will gradually fade as the hair grows and is cleansed.

PATCH TEST RECORD

Patch testing must follow the product manufacturer's instructions and the provider's policy. A negative patch test does not guarantee that an immediate or delayed reaction will not occur during or after the service.

☐ Patch test completed on _____ at _____. Result: ☐ No observed reaction ☐ Reaction/concern noted
☐ Patch test offered and voluntarily declined by client, when permitted by product instructions and provider policy.
☐ Patch test not required or not performed based on the product manufacturer instructions and provider protocol.
☐ Service postponed; patch testing or medical clearance recommended before proceeding.

CLIENT ACKNOWLEDGMENTS & CONSENT

Initials: _____ I confirm that the information I provided is complete and accurate, and I agree to notify the provider of changes before future services.
Initials: _____ The selected service, products, expected benefits, reasonable alternatives, limitations, and risks have been explained to me in language I understand. I had the opportunity to ask questions and received satisfactory answers.
Initials: _____ I authorize the provider to select a professional product intended for the selected service area and to choose the shade, developer/activator, mixing ratio, technique, and processing time according to manufacturer instructions and my consultation.
Initials: _____ I understand that no specific shade, depth, symmetry, skin-stain effect, duration, or cosmetic result has been promised or guaranteed, and that the color may appear darker immediately after service and then fade.
Initials: _____ I agree to follow the written aftercare instructions provided for the specific product system used and to seek prompt medical care for severe, persistent, or worsening symptoms or any vision change.
Initials: _____ To the fullest extent permitted by applicable law, I voluntarily accept the ordinary and inherent risks described above and release the service provider and business from claims arising solely from those inherent risks. This release does not apply to gross negligence, reckless or intentional misconduct, or liability that cannot lawfully be waived.
Initials: _____ I voluntarily consent to receive the eyelash tint, eyebrow tint, or combined service selected on this form.

Aftercare: Written instructions provided ☐Yes ☐No Client advised that product-specific instructions and the provider's written directions control over generic advice.

Client Printed Name:	_____	**Date:**	_____
Client Signature:	_____	**Time:**	_____
Service Provider:	_____	**Date:**	_____
Guardian Signature:	_____	**Date:**	_____
Guardian Printed Name:	_____	**Relation:**	_____

Business/Salon: _____

OPTIONAL PHOTO/VIDEO AUTHORIZATION & SERVICE RECORD

OPTIONAL PHOTO / VIDEO AUTHORIZATION

Photo and video permission is separate from consent to the tint service. Declining photo or public-use permission will not affect the client's eligibility for service.

A. Confidential Client Record

☐ I authorize close-up photographs or video of my eyes, eyelashes, eyebrows, and surrounding treatment area for my confidential client record, service planning, quality review, and documentation of results or concerns. These images may not be used publicly unless I also authorize Section B.

☐ I do not authorize photographs or video for my confidential client record.

B. Public, Portfolio, Marketing, or Education Use

☐ I authorize the provider/business to use photographs or video showing only my eyes, eyelashes, and/or eyebrows, without my name, in portfolios, education, social media, websites, advertising, and printed or digital materials.

☐ I also authorize images or video that show my full face.

☐ Name permission: ☐ No name ☐ First name only ☐ Full name only with separate written approval

☐ I do not authorize any public, portfolio, marketing, advertising, social media, or education use.

I understand that authorized images may be cropped, edited, reproduced, published, and distributed without compensation or further approval. Once content has been publicly shared, the provider may not be able to control copying or re-sharing by others. I may revoke future public use by written notice, but revocation will not require removal of materials already printed, published, or distributed before the notice was received.

Client Initials: _____ **Date:** _____

Parent/Guardian Initials (if required): _____ **Date:** _____

PROFESSIONAL SERVICE RECORD - FOR PROVIDER USE

Service Date: _____ **Provider:** _____

System / Brand: _____ **Client Record #:** _____

Service Performed: ☐ Eyelash ☐ Eyebrow ☐ Both **Mfr. Instructions:** ☐ Followed

Product / Step	Product Name / Shade	Lot # / Exp.	Mix / Application Notes	Processing Time
Cleanser / Prep				
Barrier / Eye Protection				
Eyelash Tint				
Eyebrow Tint				
Developer / Activator				
Removal / Finish				

Natural Lash Condition: _____ **Natural Brow / Skin:** _____

Lash Shade / Goal: _____ **Brow Shade / Goal:** _____

Observations, client response, shade/results, adjustments, or adverse reaction/action taken:

_____

_____

_____

Aftercare Provided: ☐ Written ☐ Verbal **Recommended Re-Service Date:** _____

Provider Signature: _____ **Client Post-Service Initials:** _____

TEMPLATE NOTICE FOR THE SERVICE PROVIDER: This sample should be customized for the products and techniques used, manufacturer instructions, licensing rules, insurer requirements, privacy practices, and applicable state/local law. It is general information and is not legal or medical advice. Consider review by a licensed attorney and your professional liability insurer before use.