HD Brows
HD Brow Sculpt
HD Brow Stay

Client Information

Client Name :

Address :

Telephone Number :

E mail :

Consent for Email and Phone Contact

We value your privacy and are committed to protecting your personal data. By providing your contact details, you consent to receiving communications from us via email and/or phone regarding our services, offers, and updates.

You can withdraw your consent at any time by contacting us at hello@saraduane.com or following the unsubscribe instructions in our emails. We will never sell or share your information with third parties for marketing purposes.

For more details on how we handle your data, please see our Privacy Policy on our website www.saraduane.com.

☐ ***I consent to receive emails from Sara Duane.***
☐ ***I consent to receive phone calls and SMS from Sara Duane.***

By ticking the boxes above, you agree that we may process your personal data in accordance with our Privacy Policy and applicable data protection laws.

Age Verification

☐ ***I confirm that I am over 18, which is the legal age required for this procedure. I acknowledge that the practitioner has verified my age and that proof of age may have been required before treatment.***

We aim to ensure clients have the best possible experience and advise both prior to and post treatment. Please ensure you have read the following information before your treatment begins.

Medical History

In order to carry out your treatments safely, we need to be aware of the following information. Please check any of the following that apply to you. (tick all that apply)

☐ Burns, tears or cuts on the area to be treated
☐ Recent skin or eye infections
☐ Sensitivity to eyebrow waxing/skin care products in the past
☐ Skin conditions (e.g.psoriasis, eczema)
☐ Allergies (including tints, lifting and lamination products or other substances)
☐ Retinol, Accutane, or Vitamin A-based skin treatments
☐ Oral steroids/steroid cream on the area to be treated
☐ Botox or fillers in brow or eye area (in past 2 weeks)
☐ Sun beds (in past 2 weeks)
☐ Fake tan (in past 2 weeks)
☐ Currently pregnant or breastfeeding

☐ ***I confirm that the information provided is accurate and complete to the best of my knowledge. I accept full responsibility for informing my practitioner of any changes to my health before future treatments.***

Possible side effects could include :
- Allergies/reaction to eyebrow tint
- Allergies/reactions to the products
- Small spots and bumps
- Skin grazing
- Soreness, redness or itching

☐ ***I acknowledge that I have considered the possible side effects of this procedure.***

Consent for Procedure

✔ I have read and understood the information provided
✔ I have carried out a patch test for any potential allergens
✔ I am satisfied with the explanation of the treatment
✔ I have answered the medical health questions to the best of my ability and knowledge
✔I hereby authorise and consent to Sara Duane performing an HD Brows treatment on me
✔

☐ **I understand and agree that a minimum of 72 hours' notice is required to cancel or reschedule my appointment. If I provide less than 72 hours' notice and the appointment cannot be filled, I accept that any payment made will be forfeited.**

HD BROWS
OFFICIAL STYLIST

Signature:

Date:

Practitioner Signature:

Date: