Business name _____

Brow Lamination Consent

The lamination solution can irritate skin and eyes, and occasionally causes an allergic reaction: a patch test at least 24–48 hours beforehand is the only reliable way to check. Overlapping this with a recent tint, bleach, or another chemical brow treatment can also over-process the hair, so it's worth spacing treatments out.

Full name

Date of birth

Home address

Have you had a patch test for this solution within the last 6 months, with no reaction?	☐ Yes	☐ No
Any known allergy to perm/lamination solution?	☐ Yes	☐ No
Any eye conditions, recent eye surgery, or broken skin on the brow area?	☐ Yes	☐ No
Are you pregnant or breastfeeding?	☐ Yes	☐ No

☐ I understand the aftercare advice given and agree to follow it.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Patch test record (for the salon)

Date of the test _____

Product and batch number _____

Where it was applied _____

Result when checked _____

Tested by _____