

# INDULGENCE

## STUDIO LTD

### Brown Lamination, Tinting, Lash Curl / Lifting

Client Intake Form

Please complete the form below to the best of your ability. Forms can be submitted in person at the time of your appointment or sent via e-mail to: [info@indulgencestudio.ca](mailto:info@indulgencestudio.ca)

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**Name:**

**Date of Birth:**

**E-Mail Address:**

**Phone Number:**

**How did you hear about Indulgence Studio?**

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**Please indicate with an X, all of the treatments/services you would like to receive:**

Tinting Eyebrows

Tinting Eyelashes

Lash Curl

Lash Lift

Brow Lift

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*Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application please initial with an X, your awareness of the possible risks as outlined below:*

I understand that the treatment is a safe procedure and there is no recovery time for most people.

I understand that tinting eyelashes or eyebrows and lifting or curling eyelashes has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter the eye.

I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eyes, my eyes will be flushed with water and saline solution and medical attention may be required.

I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.

I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.

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**Have you ever had your lashes and/or brows tinted? Or have you ever had lash lift/lash curl or brows lifted?**

Yes      No      If yes, when?

**Were you happy with the results?**

**Have you ever had an adverse reaction to hair colour or previous tinting products? Or any reaction to the lash perm or neutralizer for lash lift/lash curl?**

Please explain:

**Do you wear contacts?**      Yes      No *(Note: no contact lenses can be worn during treatment)*

**Have you undergone any recent eye surgery?**      Yes      No      If yes, when?

*(Note: treatment will be postponed if any eye surgery has been performed in the last 6 months)*

**Do you have any eye condition or injury?**      Yes      No

**Please list any medication you are using:**

**Are you allergic to latex or rubber?**      Yes      No

**Do you have any intolerance/allergy to the following? Please indicate with an X all that apply:**

Chemicals      Fragrances      Odours      Hair Dyes      Colour Ingredients

**Please check off beside all that might apply to you:**

Stress	Seasonal Allergies	Lumps / Cysts
Lasik Eye Surgery	Alopecia	Cold Sores Around Eyes
Permanent Eye Make-Up	Hormonal Imbalance	Psoriasis
Diabetes	Hypersensitive Eyes	Pink Eye
Blepharoplasty	Thyroid Diseases	Stye Of The Eye

**Continued...**

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**I have read the above information.**

If I have any concerns, I will address these with my Eye Service Professional.

I give permission to \_\_\_\_\_ to perform the procedure as discussed and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically.

I understand the professional will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the professional immediately.

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand that procedure and accept the risks. I do not hold the professional, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Please reach out with any additional questions, we are here to help!

**Client Name (Please Print):** \_\_\_\_\_

**Client Signature:**  \_\_\_\_\_

**Dated:** \_\_\_\_\_, 2021