CLIENT TINTING ASSESSMENT FORM

Name: __________________________________________ Date: ______________________

Address: __________________________________________ City: ______ State: _____ Zip: ___________

Home/Cell Phone: (_____) ___________________________ Cell Phone Provider: __________________________

E-mail Address: __________________________________________

Have you ever had a reaction to hair color? □ Yes □ No

Have you ever had your brows or lashes tinted before? □ Yes □ No

When?: __________________________________________

Did you have any problems with the procedure? □ Yes □ No

Explain: __________________________

Do you wear contact lenses? □ Yes □ No  If yes, they must be removed for lash tinting.*

Do you have any allergies? □ Yes □ No

List: __________________________________________

Have you ever had any form of eye surgery? □ Yes □ No

If so, what/when?: __________________________________________

Do you have a history of eye irritation, infection, or dry eyes? □ Yes □ No

ALTHOUGH EVERY PRECAUTION WILL BE MADE TO ENSURE YOUR SAFETY AND WELL-BEING BEFORE, DURING, AND AFTER YOUR TINTING APPLICATION, PLEASE BE AWARE OF THE POSSIBLE RISKS BELOW.

Please initial:

_____ I understand that tinting lashes or brows 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 eye, my eye will be flushed with water 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.

I have read the above information. If I have any concerns, I will address these with my skin care therapist. I give permission to my therapist to perform the tinting procedure we have discussed, and will hold him/her and his/her staff harmless from any liability that may result from the treatment. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.

Client Name (Printed) 

Client Name (Signature) 
Date: 

Esthetician 
Date: 

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