

Therapist name: \_\_\_\_\_

Your name: \_\_\_\_\_

## Skin, eye & health information

**Have you had your brows laminated before?**

☐ Yes ☐ No If yes, when? \_\_\_\_\_

**Are your eyebrows microbladed?**

☐ Yes ☐ No If yes, when did you get them done? \_\_\_\_\_

**Have you recently bleached or tinted your eyebrows?**

☐ Yes ☐ No If yes, when did you get them done? \_\_\_\_\_

**Have you used any of these in the past 48 hours?**

☐ Retinol/retinoids ☐ Glycolic acid/chemical exfoliants

☐ Prescription skin treatments (e.g., Accutane) ☐ None

**Are you taking any medications affecting your skin?**

☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**Recent surgeries, cosmetic procedures or laser treatments?**

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**Have you ever had an allergic reaction to hair perming products?**

☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**Do you wear contact lenses?**

☐ Yes ☐ No

**Have you had eye surgery in the past 6 months?**

☐ Yes ☐ No

**Do you have an eye condition?**

☐ Yes ☐ No If yes, please explain with further details : \_\_\_\_\_

**Are you pregnant or breastfeeding?**

☐ Yes ☐ No

**Were you able to do a patch test at least 48 hours prior to your booking?**

☐ Yes ☐ No

**If not, you understand there are risks of allergy associated with receiving tinting or lamination.**

☐ I agree (without ticking the box your treatment won't be carried out)

## Consent & waiver

I confirm that I have provided accurate details about my health and skin history.  
I understand that brow treatments may have some risks, including redness, irritation or allergic reactions, and that certain treatments need aftercare which I agree to follow.

I understand that I can stop or refuse treatment at any time and that I must tell the Urban therapist if I feel uncomfortable during the treatment.

## Waiver of liability

Urban's role is to connect me with an independent therapist,  
and my contract is directly with them. I release Urban and the therapist,  
to the extent permitted by law, from any liability related to this session.

Date: \_\_\_\_\_ Client signature: \_\_\_\_\_