The Brow Studio LLC

Client History Profile

Name: _____ Date of birth: _____

Street Address: _____

City State Zip

Phone number: _____ Email: _____

Circle YES or NO:

Have you had alcohol in the past 24 hours?	YES	NO
Do you have an allergy to latex?	YES	NO
Have you had laser or chemical peel in the last 6 months?	YES	NO
Have you ever had permanent makeup?	YES	NO
Do you bruise easily?	YES	NO
Have you ever had cold sores or fever blisters?	YES	NO
Do you use Retin A?	YES	NO
Do you wear contacts?	YES	NO
Are you allergic or have a sensitivity to any metals such as jewelry?	YES	NO
Do you ever have problems healing from small wounds?	YES	NO
Do you use tobacco products?	YES	NO
Are you currently taking any medications?	YES	NO
Are you currently menstruating?	YES	NO
Do you hyper pigment?	YES	NO
Do you scar easily?	YES	NO
Do you consume aspirin daily?	YES	NO
Are you currently under a physician's care?	YES	NO

Do you have a history of the following? (Check all that apply):

__Diabetes
__Epilepsy
__Seizures
__Fainting
__Narcolepsy
__Jaundice
__Hepatitis
__Hemophilia
__Skin disease
__Skin leisons
__Sensitivity to soaps
__Sensitivity to disinfectants

Allergies or adverse reactions to:

__Pigments
__Dyes
__Cosmetic products

Use of particular medications:
__Anticoagulants
__Vitamin E
__Aspirin

By signing this form, I am verifying that the information I have provided is true to the best of my knowledge.

Client Signature: _____ Date: _____

Practicioner's Signature: _____ Date: _____

The Brow Studio LLC

Client Procedure Profile

Name: _____ Date of birth: _____

Street Address: _____

City State Zip

Phone number: _____ Email: _____

Procedure Performed: _____ Date:

Color Formulation:

Color	Drops	Manufacturer

Anesthetic:

Before: _____

During: _____

Color Swatch:

To be completed by practicioner:

Skin type: _____

Scars: _____

Existing *asymmetry:* _____

Desired thickness: _____

Desired arch: _____

Makeup Style: _____

Tool/Needle: _____

Before photos: _____ After Photos: _____

Procedure Notes:

_____

_____

_____

_____

_____

Perfecting apt date: _____ Color boost apt: _____

Client Signature: _____ Date: _____

Practicioner's Signature: _____ Date: _____