

Brow and Lash Intake Form

Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

In case of emergency, contact: _____ Phone #: _____ Relation: _____

Can we confirm your future appointments via text message to the mobile number above: Yes or No

	Yes	No
Have you ever had your lashes lifted?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had your brows or lashes tinted?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever used Hair color before?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had an allergic reaction to hair color?	<input type="checkbox"/>	<input type="checkbox"/>
Do your eyes water easily?	<input type="checkbox"/>	<input type="checkbox"/>
Do you wear contacts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you Claustrophobic?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medications? IF so list (including over the counter drugs/herbal supplements): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? If yes, please list. _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had eye or eyelid surgery? If so, what and when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you or have you had an eye illness, infection, or injury? If so, what and when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have burnt, cut, or damaged brow or lash hairs? If so, where? _____	<input type="checkbox"/>	<input type="checkbox"/>

If you need to have makeup removed prior to your services there is a \$10 makeup removal fee

Cancellation Policy and Arriving Late- 24-hour notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. **There will be a fee of 50% of the scheduled service assessed to your account for any same-day cancellations or no-show clients.** If you arrive late, your session will be shortened to accommodate appointments that follow yours. Regardless of the length of the treatment given, the session will be charged in full.

Evolve Massage & Wellness Center LLC, 2101 Greentree Rd, Suite A-114 Pittsburgh, PA 15220
www.evolveintowellness.com (412) 668-2089

Please note that Lash and Brow Services do have certain side effects such as skin irritation, redness, swelling, tenderness, and bruising. I understand I am responsible for following the post-treatment home care instructions. I am willing to follow recommendations made by my esthetician for a home care regimen that can minimize or eliminate possible negative reactions. In the event that I may have additional questions/concerns regarding my treatment or suggested home product/home-treatment care, I will consult the esthetician immediately.

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Client Consent/Liability Waiver-Massage/ bodywork/ Lash & Brow services should not be performed under certain medical conditions. The information that I provided is accurate and complete. I agree to keep Evolve informed of any changes in my medical profile and understand that there shall be no liability on Evolve's part should I fail to do so. The services I am scheduled for require person to person contact. By signing below, I am acknowledging this and giving permission to be treated at Evolve Massage and Wellness Center, LLC. Evolve Massage & Wellness Center is not responsible for any items that you may leave unattended. By signing this Agreement, I RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY Evolve Massage and Wellness Center responsible for contracting communicable/contagious diseases and conditions such as, but not limited to, Influenza, COVID-19, other viruses, and contagious skin conditions.

Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment for the scheduled appointment.

It is not recommended you get your lashes wet for 24hrs after your treatment. Your lash and brow tint will gradually lighten and fade. Re-tinting will be required to keep your enhanced appearance.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Consent to Treat a Minor: The state of PA requires that a parent or guardian,, be physically present in the facility during treatment of a minor during massage. By signing this form, I hereby authorize Evolve Massage & Center LLC to administer facials, waxing, lash & Brow services and techniques to my child or dependent as they deem necessary.

Name of Minor: _____

Signature of Parent or Guardian: _____ **Date:** _____

STAFF USE ONLY:

SOCIAL MEDIA : I give permission to the Estheticians to take pictures and or videos during the session and to post said pictures and videos on Evolve's social media . **YES NO Client Initials** _____