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## WELCOME TO ARCH BROW BAR

### WAXING & TINTING

PLEASE COMPLETE AS ACCURATELY AS POSSIBLE

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # \_\_\_\_\_ Alternate # \_\_\_\_\_

Email \_\_\_\_\_ Text Alerts? Yes / No Email Alerts? Yes / No

Emergency Contact \_\_\_\_\_ Number \_\_\_\_\_

How did you hear about us? SIGN | WEBSITE | FACEBOOK | INSTAGRAM | INTERNET | AD

Referred By \_\_\_\_\_

What are your interests? BROWS | BODY WAXING | FACIALS | LASH EXTENSIONS | KERATIN LASH LIFT

Are you currently using any topical over-the-counter or prescription medications for Acne on your face? YES / NO

If yes, please list \_\_\_\_\_

Have you had any waxing abrasions in the past? YES / NO

If yes, please list when \_\_\_\_\_

Are you taking any oral medications that may cause sensitivity to sunlight? YES / NO

If yes, please list \_\_\_\_\_

Have you had any recent microdermabrasion treatments, chemical peels or sunburn on your face in the past 2 weeks? YES / NO

If yes, please list any and all \_\_\_\_\_

Are you currently using any skin care products containing retinol or any anti-aging or resurfacing products? YES / NO

If yes, please list \_\_\_\_\_

Do you have any allergies? YES / NO

If yes, please list \_\_\_\_\_

**I am aware I must wait 24 hours before receiving any kind of service or treatment at Arch Brow Bar if I have received Botox and/or cosmetic fillers of any kind. I agree to update my browista/technician at every future appointment. Please initial \_\_\_\_\_**

**I am aware waxing may cause redness, swelling, breakouts, hives, skin tearing, and skin irritation. Please initial \_\_\_\_\_**

**Please inform your Browista or technician of any changes in your skin care routine as changes may affect your skin. Please initial \_\_\_\_\_**

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_