Business name _____

Patch Test Record

A patch test puts a small amount of product on your skin to check for a reaction before your treatment. Please keep the area dry and leave it alone until your treatment. If you get any redness, itching, swelling or burning, wash the product off and tell us straight away, and don't come for your treatment until you've spoken to us.

Full name

Date of birth

Home address

Date of your patch test

Which treatment is this test for?

Which products were tested?

Where on your skin was the test done?

Have you ever reacted to hair dye, tint, lash glue or another beauty product? ☐ Yes ☐ No

Any irritation, broken skin or a skin condition around the area today? ☐ Yes ☐ No

If you answered yes to either question, please give details.

☐ I understand I must tell you about any reaction before my treatment goes ahead.

☐ I confirm the information I've given above is accurate, and I consent to this treatment.

☐ I give my explicit consent for the business named above to use the health information on this form to provide my treatment safely.

Client's signature _____ Date _____

Client's name in capitals _____

Therapist's signature _____ Date _____

Patch test record (for the salon)

Date of the test _____

Product and batch number _____

Where it was applied _____

Result when checked _____

Tested by _____