

Patch Test Form

It is unlikely that clients will experience an allergic reaction, however if a reaction occurs at any stage the tested product should be removed and the treatment should not be carried out.

Please complete the following to confirm that a patch test was carried out and that no reaction occurred. If there is any sign of reaction including irritation, redness, itching, swelling or blistering, do not proceed with the treatment. Medical advice is recommended for appropriate treatment of any reaction.

Patch Test Date:	
Treatment proposed to be carried out:	
Product/s tested:	
Area/s tested product/s placed:	

I accept full responsibility for any reaction which might occur.

Client (Printed Name):

Phone:

Client Signature:

Date:

Parent or Guardian (if Client is under 18 years of age)
Name and Signature:

Outcome: (Please tick relevant box)

No Reaction

Reaction

If there was a reaction, provide details:

Consent to proceed with Treatment

Client Signature:

Date:



Services, Products and Academy for cutting edge Hair & Beauty

Email: training@enchantedspa.com.au | Phone: 1300 113 996 | Web: www.enchantedspa.com.au

ABN 85443748236 | PO Box 1483, Joondalup DC WA 6919