



EYELASH EXTENSION INTAKE & CONSENT FORM

Name: _____	Appointment Date & Time: D: ____ / ____ / ____ T: _____
Address: _____	Your Certified Lashes Specialist is: _____
City: _____ State: _____ Zip: _____	Locataion of Service: _____
Phone: _____ Email: _____	

Preferred Appointment Day: _____ Preferred Time: _____

Customer Remarks: _____

How did you hear about us?

Magazine Google/web search Friend Other: _____

Is this the first time you have had lash extensions applied? Yes No

If no, where have you had them applied? _____ What brand was used? _____

Please indicate if you have worn within the last 60 days any of the following types of lashes:

individual strip flare other _____

Do you curl perm -or- tint your lashes? No

Are you having lash extensions applied for: a special occasion -or- daily wear

Are you: From the area Just visiting

Do you wear contacts? Yes No Do you habitually rub, pull, or pick your lashes for any reason? Yes No

Do you have, or are you being treated for any eye illness or injury? Yes No

What side do you predominately sleep on? Right Left

Please list any eye drops or eye medication you are using: _____

Are you able to keep your eyes closed and lie still for up to 2 hours or longer? Yes No

Please check off any of the following that might apply to you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Lasik Eye Surgery | <input type="checkbox"/> Hypersensitivity to cyanoacrylate or formaldehyde or certain adhesives/glues | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Permanent eye make-up | <input type="checkbox"/> Recent high fever or severe illness | <input type="checkbox"/> Drugs that can cause temporary hair loss: |
| <input type="checkbox"/> Blephroplasty (eye lift) | <input type="checkbox"/> Iron Deficiency | <input type="checkbox"/> Chemotherapeutic agents used in cancer treatment |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Hormonal imbalance or extreme stress | <input type="checkbox"/> Retinoids used to treat acne and skin problems (such as Accutane or Retin A) |
| <input type="checkbox"/> Allergies to adhesives or synthetics | <input type="checkbox"/> Exposure to certain chemicals found in swimming pools, and to bleach, dye and perm hair | <input type="checkbox"/> Anticoagulants, |
| <input type="checkbox"/> Child birth within last 120 days | <input type="checkbox"/> Major surgery within last 120 days | <input type="checkbox"/> Beta-adrenergic blockers used to control blood pressure, |
| <input type="checkbox"/> Alopecia | | <input type="checkbox"/> Oral contraceptives |
| <input type="checkbox"/> Thyroid diseases | | |
| <input type="checkbox"/> Allergic to Glycerin | | |

Please complete page 2 of this form...

CONSENT FOR EYELASH PROCEDURE:

I have agreed to have eyelash extensions applied to and/or removed from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

1. Waiver of Liability. I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases, blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial lashes to my existing eyelashes. Even though the Professional may apply or remove my lashes properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying lashes to my eyelashes, and I will not attribute any liability to the Professional as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless the Professional from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed. As used in this agreement, the terms "Professional" include all of their respective officers, directors, agents, employees, successors and assigns.

2. Permission to Use Pictures. I hereby grant the Professional the full right to take, publish and reproduce photographs of me, my face, my eyes and/or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by the Professional. I further expressly assign any copyright in these photographs to the professional. I also grant my consent for the Professional to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

my own name no name to be used a fictitious name: _____

3. Care and Maintenance. I agree to follow the care and maintenance instructions provided by the Professional for the use and care of my eyelash extension, and that if any follow up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my lashes or may cause my lashes to fall off prematurely. Knowing this I agree to follow these tips for best results:

4. No Known Medical Conditions / Informed Consent. I have read and completed the Client Intake Form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelash) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to synthetics, cyanoacrolate or formaldehyde which in small amount may be present in the adhesive. I understand that the procedure requires that I lay still for up to 2 hours or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the professional's instructions or these warnings.

If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association.

This agreement will remain in effect for this procedure, and all future procedures conducted by the Professional or any other professional conducting business at the salon/spa establishment listed above.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement.

If I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____ . By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: _____ Print Name: _____ Date: _____

Parent/Guardian Signature: _____ Print Name: _____ Date: _____