

CLIENT INTAKE FORM – EYELASH EXTENSIONS

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email: _____

How did you hear about us? _____

How would you describe your lashes? _____

Do you _____ curl, _____ perm or _____ tint your lashes?

Do you wear _____ Contact Lenses or _____ Glasses

Have you had eyelash extensions applied before? Yes / No

The type of lash extensions desired: Classic _____ Hybrid _____ Volume _____

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I agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched.

By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the certified eyelash extension professional.

I understand that in rare occasions there are risks associated with having artificial eyelashes and eyelash extensions applied to or removed from my natural eyelashes. I further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree that if I experience any of these conditions with my lashes that I will contact the certified eyelash extension professional that performed this procedure and it may be beneficial to have the eyelashes removed.

I understand and consent to have my eyes closed and covered for the duration of the procedure. Times may vary depending on the number of eyelashes and type of set or fill applied.

I give Pretty in Wink Lash Boutique, permission to use my before/after photos

MEDICAL INFORMATION:

I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- Current use of contact lenses which I may be asked to remove during the procedure
- Recent eye surgery or illness
- Current use of eye drops of any kind, prescription or over-the-counter
- Current allergies or sensitivities

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- History of an allergic reaction to eyelash extension products
- History of recurrent eye or tear duct infections
- History of dry eyes or Sjorgen's Syndrome
- Recent history of Chemotherapy
- Pregnancy or recent childbirth
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

I agree to the following eyelash extension aftercare and maintenance instructions:

- No waterproof mascara
- No oil-based products around the eye area
- No water can come in contact with the eye area for 24 hours after the application
- No use of pool, sauna or spa for 48 hours after the application
- No tinting or perming of eyelash extensions
- No pulling or rubbing of the eyelash extensions

I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failing to adhere to these instructions, which may cause the eyelash extensions to fall out and/or decrease retention. I understand that any follow up care required as a result of neglecting to follow these instructions are at my own risk and expense.

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I have read, completed and fully understand this Intake and Consent form in its entirety and in truth and hold Pretty in Wink Lash Boutique and its employees, partners or associates, harmless from any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property as a result of services performed by Pretty in Wink Lash Boutique. I understand that this release discharges Pretty in Wink Lash Boutique from any liability or claim that I, my heirs, or any personal representatives may have against the salon and its employees. This agreement will remain in effect for this procedure and all future followups conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement.

I represent that I am over the age of 18 and that I have the right to enter this Agreement, or if I am under the age of 18, 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.

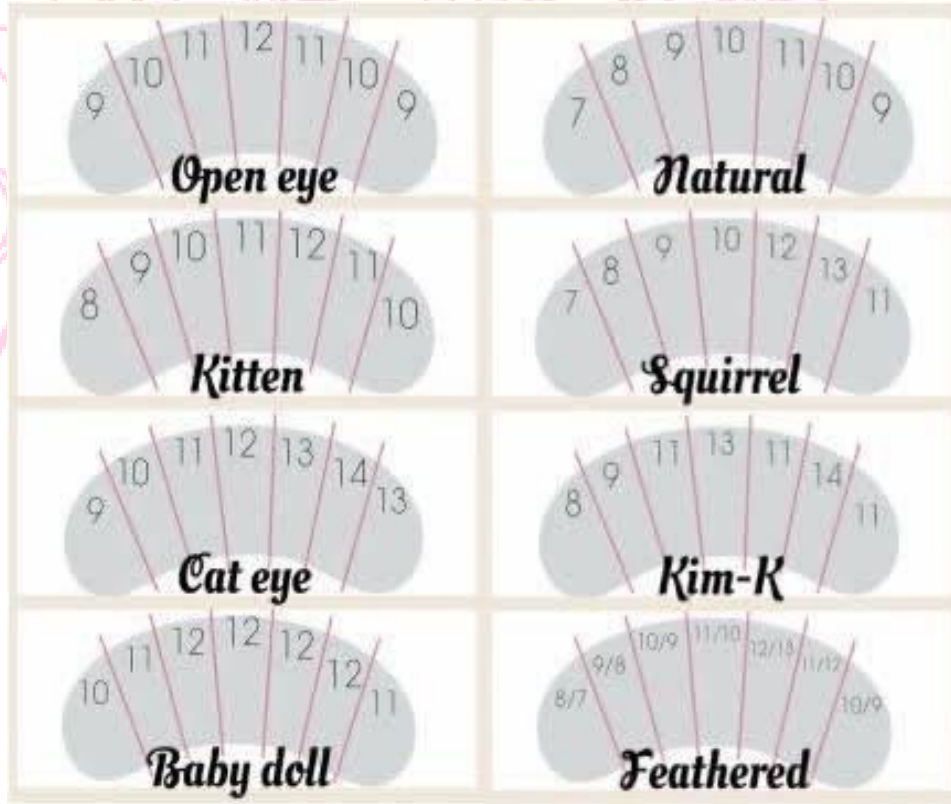
Client Signature _____

Parent / Guardian Signature _____

Date _____

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FOR SALON USE



DESIGN: _____

LENGTHS: _____

THICKNESS: _____ CURL: _____ DIMENSION: _____