

Client Intake and Consent Form – Lash Lift and/or Tint

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email: _____

How did you hear about us? _____

Medical History:

Do you wear contact lenses? You may want to remove them prior to procedure

Do you suffer from Claustrophobia? Yes / No

Do you suffer from Blepharitis (Inflamed eyelids) Yes / No

Have you had surgery around the eye? Yes / No If yes, when? _____

Do you have allergies? If yes, to what? _____

Have you had a lash lift / tint before? Yes / No

The type of lash lift desired:

Very Lifted _____ Medium Lift _____ Subtle Lift _____

This salon uses anti-bacterial soap to wash instruments and tools prior to disinfecting with either Barbicide or CS-20 chemical disinfectants. Hard surfaces, high touch points and lash bed are disinfected between each appointment to maximize safety for each client.

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By signing this agreement, I confirm and agree to have a Lash Lift and / or Tint service done by Pretty in Wink Lash Boutique by the certified Lash Lift and Tint professional

I understand that in rare occasions there are risks associated with having a Lash Lift and / or Tint and further understand that in rare cases as part of the procedure eye irritation and discomfort could occur. I agree to advise the certified professional if any discomfort or irritation is felt during the service or subsequently after.

I understand and consent to have my eyes fully closed for the duration of the procedure, approximately 45 minutes for lash lift, and 1 hour for lash lift and tint.

I am informing the certified Lash Lift and Tint 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
- History of an allergic reaction to eyelash extension products including perming solutions
- 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 a lash lift and / or tint.

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

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

- Keep lashes dry and clean for 24 hours following the service
- No rubbing of eyelashes for 24 hours following the service
- Avoid sleeping on your face for 24 hours following the service
- Book subsequent appointments no sooner than 4 weeks from previous application.

I understand and agree to the after-care instructions provided by the certified Lash Lift and Tint professional to maintain the integrity of the curl achieved by the service and the health of my natural lashes. I realize and accept the consequences of failing to adhere to these instructions, which may cause distortion to the shape of the curl of my lashes or brittle lashes/breakage. I understand that any follow up care required as a result of neglecting to follow these instructions are at my own risk and expense.

I have read, completed and fully understand this Intake and Consent form in its entirety and in truth. I 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 follow-ups 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.

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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 Signature _____

Date: _____

