A large, stylized graphic of an eye with long, dark eyelashes is positioned in the background, centered behind the text. The eye is looking towards the right side of the frame.

E Y E L A S H
E X T E N S I O N

DIGITAL FORM

CLIENT NAME:

EYELASH EXTENSION CLIENT INTAKE FORM

Name: _____

DOB: _____ Age: _____ ☐ Female ☐ Male ☐ NB

Phone: _____ Email: _____

Emergency Contact & Number _____

How did you hear about us? _____

Health & Medical History

Do you have any pre-existing medical conditions or chronic illnesses? ☐ No ☐ Yes
Please describe.

Are you currently taking any medications or supplements? ☐ No ☐ Yes

If yes, please describe _____

Have you had any recent surgeries or medical procedures? ☐ No ☐ Yes

If yes, please describe _____

Have you had any allergic reactions to medications or substances in the past? Please describe. ☐ No ☐ Yes

Do you have any known skin allergies or sensitivities? ☐ No ☐ Yes

If yes, please describe _____

Eyelash Extension History

Have you had any previous treatments or procedures related to eyelash extensions? If yes, please describe. ☐ No ☐ Yes

What specific concerns or goals do you have for your eyelash extension session?

Do you have a history of conditions that might affect your eyelash experience, such as eye sensitivities, allergies, or infections? If yes, please describe. ☐ No ☐ Yes

EYELASH EXTENSION

CLIENT CONSENT FORM

I hereby consent to and authorize _____ to perform the following procedure: _____.

While every precaution will be taken to ensure your safety and well-being before, during, and after your eyelash extension application, please be aware of the following information and potential risks.

Please initial each statement:

_____ I understand that a full set of lash extensions can enhance the appearance of my natural lashes, making them approximately 30-50% thicker and 20-50% longer.

_____ I understand that lash extension services carry an inherent risk of irritation to the orbital eye area, including the eyes themselves. This may result in stinging, burning, blurry vision, or, in rare cases, potential blindness if adhesive enters the eye or if an allergic reaction occurs.

_____ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.

_____ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water, and I will be assisted in seeking medical attention immediately.

_____ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and shed naturally. To maintain the original look, touch-up or "fill" appointments will be necessary to replace the lashes that have fallen out.

_____ I understand that while every effort will be made to achieve the length and fullness I have chosen, the final result may differ from what I initially envisioned.

_____ I understand that it is essential to provide all the information requested in the Client Intake Form accurately and completely.

_____ I confirm that I have disclosed all conditions and circumstances related to my health history, current medications, and any past reactions to products or medications.

_____ I understand that additional conditions may arise or be discovered during the procedure that could impact my ability to tolerate it.

_____ I consent to the use of "before and after" photographs for documentation, as well as for potential advertising and promotional purposes.

EYELASH EXTENSION

CLIENT CONSENT FORM

_____ I understand and consent to keeping my eyes closed for the duration of the procedure.

_____ I understand that if I have any concerns, I will discuss them with my lash extension specialist.

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

- ☐ Current use of contact lenses which I may be asked to remove during the procedure.
- ☐ Current use of anything such as oil-containing sunscreen or moisturizers around the eyes.
- ☐ Current use of eye drops of any kind, prescription or over-the-counter.
- ☐ Current allergies or sensitivities.
- ☐ History of recurrent eye or tear duct infections.
- ☐ History of dry eyes or Sjorgen's Syndrome.
- ☐ Recent history of Chemotherapy.
- ☐ Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions.

_____ I agree to the following eyelash extension follow-up 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 24-48 hours after the application.
- ☐ No tinting or perming of eyelash extensions.
- ☐ No pulling or rubbing of the eyelash extensions.
- ☐ Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions.

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I understand that my lash extension specialist will take every precaution to minimize or eliminate negative reactions as much as possible.

I release the lash extension specialist and their staff from any liability resulting from this treatment. I certify that I have read and fully understand the above statements and have had the opportunity to discuss and have any questions answered.

I understand the procedure and accept the associated risks. I do not hold the lash extension specialist, whose signature appears below, responsible for any pre-existing conditions that were not disclosed at the time of this procedure and may be affected by the treatment performed today.

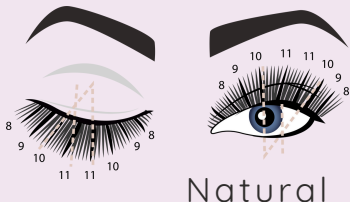
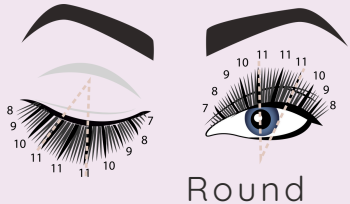
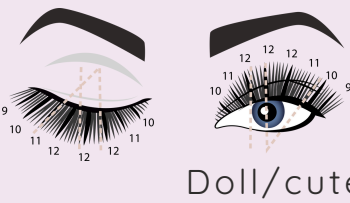
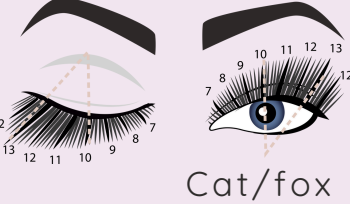
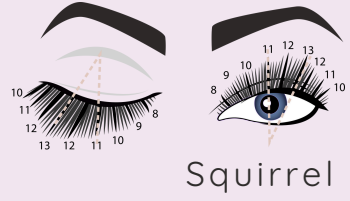
I confirm that I have read and fully understand all information in this agreement. I am over 18 years of age and consent to this agreement and the eyelash extension application procedure.

FULL NAME

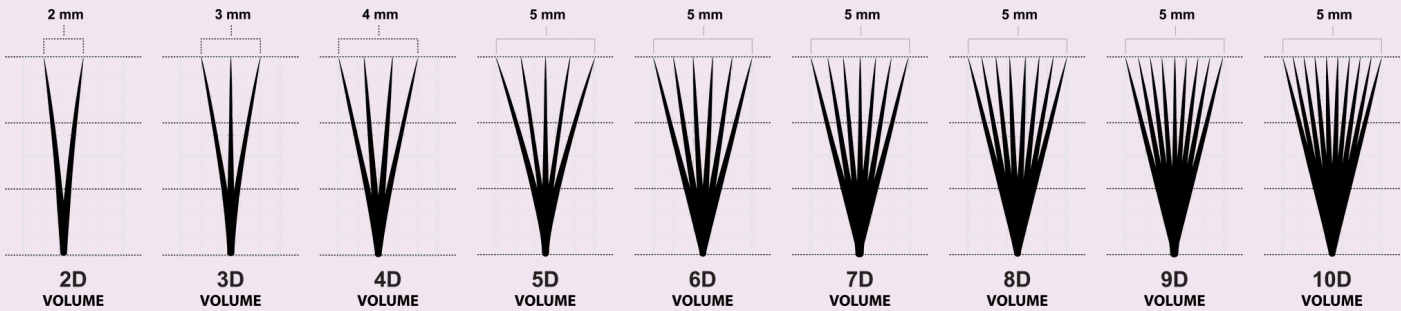
SIGNATURE

DATE

EYELASH EXTENSION LASH GUIDE

LASH CURL	LASH THICKNESS	LASH LENGTH	LASH STYLE
<div>A(J)</div>	<div>0.03 mm</div> <div>0.05 mm</div>	<div>4 mm</div> <div>5 mm</div> <div>6 mm</div>	<div>  <p>Natural</p> </div>
<div>B</div>	<div>0.06 mm</div> <div>0.07 mm</div>	<div>7 mm</div> <div>8 mm</div>	<div>  <p>Round</p> </div>
<div>C</div>	<div>0.10 mm</div>	<div>9 mm</div> <div>10 mm</div>	<div>  <p>Doll/cute</p> </div>
<div>D</div>	<div>0.12 mm</div> <div>0.15 mm</div>	<div>11 mm</div> <div>12 mm</div>	<div>  <p>Cat/fox</p> </div>
<div>U</div>	<div>0.18 mm</div>	<div>13 mm</div>	<div>  <p>Squirrel</p> </div>
<div>L</div>	<div>0.20 mm</div> <div>0.25 mm</div>	<div>14 mm</div> <div>15 mm</div>	
<div>L+</div>	<div>0.30 mm</div>	<div>22 mm</div>	

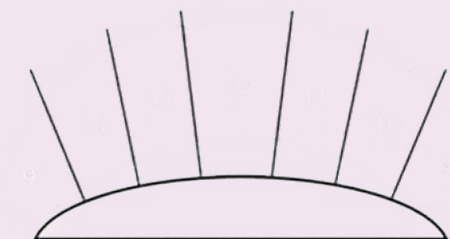
VOLUME LASHES



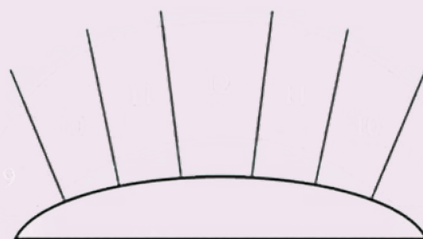
EYELASH EXTENSION CLIENT DESIGN RECORD

Client Name: _____ Date of birth: _____

Phone: _____ Email: _____



Left eye



Right eye

EXTENSION DESIGN

Service: ☐ Full ☐ Fill ☐ Removal ☐ Other: _____

Application: ☐ Classic ☐ Hybrid ☐ Volume ☐ Mega Volume

Lash type: ☐ Synthetic ☐ Silk ☐ Mink ☐ Other: _____

Extension style: ☐ Natural ☐ Round ☐ Doll/cute ☐ Cat/Fox

☐ Squirrel ☐ Other: _____

Eyelash curl type: _____ Eyelash length: _____

Eyelash thickness: _____ Fans: _____

NOTES

EYELASH EXTENSION

PHOTOGRAPH AND VIDEO RELEASE FORM

CLIENT INFORMATION

Name: _____

Phone: _____

We kindly request your permission to use these photos for advertising purposes, such as portfolios, online and print ads, and similar materials.

Your consent is essential for us to proceed.

Please review the options below and indicate your preference by circling the appropriate response and providing your signature.

Additionally, we love tagging our clients in photos shared on our Instagram profile!

If you'd like to allow or decline this, please let us know by selecting the corresponding option below.

Thank you!

☐

Yes, feel free to use them

☐

Yes please tag me on Instagram

☐

No, please do not use them

☐

No, please do not tag me

Client Signature

Date

EYELASH EXTENSION CANCELLATION POLICY

Our goal is to provide quality care in a timely manner. To ensure this, we have implemented an appointment and cancellation policy.

Appointments are in high demand, and canceling early allows another client the opportunity to access timely care. This policy helps us optimize the use of available appointments for all our clients.

When booking your appointment, you will be required to pay a _____ deposit, which will be applied toward the cost of your treatment(s).

Time is specifically reserved for your appointment, procedure, or treatment. If you need to cancel or reschedule, you must notify us at least 24 hours before your appointment to retain your deposit or have it applied to a future booking. If less than 24 hours' notice is provided, the deposit will be forfeited.

If you arrive more than 15 minutes late for your appointment, it will be considered a no-show, and your deposit will be forfeited.

We are happy to answer any questions regarding this cancellation policy.

I have read and fully understand the above Appointment Cancellation Policy and agree to be bound by it's terms. I agree to pay the cancellation fee in the event of a missed appointment.

FULL NAME

SIGNATURE