

## K – Beauty & Aesthetics Client Consultation Form for eyelash extensions

Full Name.....

Age.....

Full Address.....

Contact Telephone Number.....

Emergency Contact Number.....

Email Address.....

Date.....

**For Lash stylist only – Patch Test Date**.....

**Any allergies during the 24-72 hrs since the patch test done**.....

**IN ORDER FOR ME TO PROVIDE THE BEST SERVICE FOR YOUR LASH EXTENSION PLEASE ANSWER THE FOLOWING QUESTIONS:**

Do you have watery eyes Yes/No

If Yes I will not be able to perform the treatment

Allergies to latex, acrylatex - such us acrylic nails) ? YES/NO

If Yes, please explain.....

Do you have watery eyes ? YES/NO

Asthma or any respiratory (breathing) problems? YES/NO

If yes, please explain .....

Eye sensitivities Yes/No

If yes, please explain.....

Any medical problems that could affect your eye application? YES/NO

If yes, please explain .....

Are you pregnant? YES/NO

Which pregnancy week are you? .....

Do you wear contact lenses? YES/NO

If yes, would you remove it prior the lash extension appointment? YES/NO

Any eye problems in the last 4 weeks? YES/NO

If so, please explain.....

Do you have cancer? YES/NO

Which side do you most sleep on? RIGHT – LEFT – STOMACH – BACK

How fast do you feel your hair grows? FAST – SLOW – NORMAL RATE

Have you been vaccinated ( the first dose) if so when?.....

Have you been vaccinated (the second dose) if so when?.....

Is there anything else we should know about?.....

**Client Signature**

**Lash Stylist Signature**

\*T&C – You have read and agreed to Privacy Policy that is on [www.kbeautyaesthetics.co.uk](http://www.kbeautyaesthetics.co.uk)

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