

LASH LIFT, TINTING, BROW HENNA & SEMI PERMANENT MASCARA

APPOINTMENT DATE

APPOINTMENT TIME

CLIENT INFORMATION (please print)

FULL NAME

ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PHONE

EMAIL ADDRESS

Have you ever had a Lash Lift/Perm or Semi-Permanent Mascara (SPM)? If YES, when did you have your last lash perm/lift or SPM? yes no

If YES, was it a good experience? If NO, please describe: yes no

Have you had a lash/brow tint or brow henna before? If YES, did you experience any reaction to the tinting or henna? If YES, please describe: yes no

Would you like a keratin boost? Keratin single application is an additional \$15 charge. Keratin helps strengthen Lashes to build them up, grow them and help them shine! Please choose one.

Yes

No

Want to continue strengthening your lashes? Take home the Keratin Lash/Brow Treatment and/or the Keratin Black Mascara Today

Keratin Lash/Brow Treatment Clear Tube \$30

Keratin Mascara Black \$25



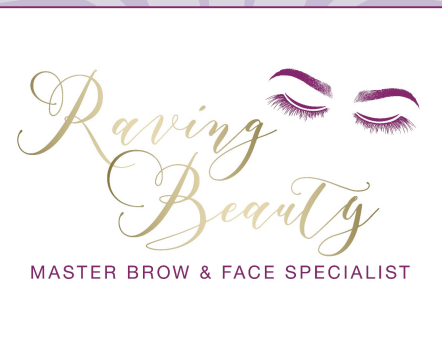
EMAIL / NEWSLETTER

Occasionally I may send out emails or newsletters about upcoming discounts, promotions, contests, company information etc. If you would like to be added to the subscriber list please check "Yes" below. If you would like to opt out please check "No".

YES! Sign me up!

No, thank you.

I will use your e-mail address solely to provide information about our company. Your information will not be sold.



CLIENT INFORMATION Continued

PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:

RELATING TO THE EYE

- Eye surgery
- Eye illness or injury
- Dry eyes
- Seasonal allergies
- Eye infection
- Permanent eye make-up
- Blepharoplasty
- Blepharitis (inflammation of eyelids)
- Allergies to adhesives found in band-aids or medical tape
- Allergies to preservatives in saline solutions
- Sensitivity or claustrophobia when your eyes are closed for long periods of time
- Retinoids used to treat acne and skin problems (such as accutane or retin a)

GENERALLY RELATING TO EYELASHES

- Hormone imbalance
- Recent severe illness or injury
- Pregnancy or recent childbirth
- New prescriptions or recently prescribed oral contraceptives
- Types of medical conditions that may contribute to hair and eyelash loss: hyperthyroidism or hypothyroidism, alopecia areata, lupus, diabetes
- Vitamin and mineral deficiencies that may contribute to hair and eyelash loss: A, F, B, Selenium, Zinc, Iron
- Trichotillomania (hair pulling disorder)
- Medications that may contribute to hair or eyelash loss: chemotherapeutic agents used in cancer treatment, Anticoagulants (blood thinners), beta blockers (used to control blood pressure)

Other Medical Information:

BEAUTY REGIME

Please check all of the below products you use:

- Lash Growth Serum
- Waterproof Mascara / Regular Mascara
- Eyeliner
- Eyelash Curler
- Oil-Based Products (creams, removers, etc)
- Contact Lenses

Please describe any helpful information about your lashes.

Client Name (please print) _____

Client Signature _____

Day/Month/Year _____

Eyelash Professional _____

FOR PROFESSIONAL USE

CLIENT EYELASH LIFT & TINT INFORMATION



FILE

File Categorically by
First Letter Of
Client's Last Name

CLIENT FULL NAME

ORIGINAL LASH FORM

- Straight Semi-Curl Curly
- Keratin Boost Henna Brow
- Keratin Lash/Brow Treatment Clear Tube \$30
- Keratin Mascara Black \$25 Semi-Permanent Mascara

CLIENT EYE SHAPE

Round Thin Oval Deep Set

ROD / SILICON PAD SIZE

- Small (S) Medium (M) Large (L) X-Large (XL)

LIFT TREATMENT TIME (IN MINUTES) _____

NATURAL LASH COLOR

Blonde Black Red Brown

LASH/BROW TINT COLOR OR HENNA BROW

TINT/HENNA TREATMENT TIME (IN MINUTES)

FOLLOW UP: (IRRITATION, LOSS OF CURL ETC)

ADDITIONAL NOTES:

PRICING

LASH LIFT: _____

TINT: _____

OTHER: _____

SPECIAL PRICING
(RETURNING CUSTOMER DISCOUNT
IF APPLICABLE)
