



Lashes By Joann Tran

General Information

Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check all of the following that apply to you:

- | | | | |
|---------------------------------|--------------------------|--------------------|--------------------------|
| Anaphalaxis or severe allergies | <input type="checkbox"/> | Seasonal allergies | <input type="checkbox"/> |
| Latex Allergy | <input type="checkbox"/> | PMU | <input type="checkbox"/> |
| Allergy to adhesives/glue | <input type="checkbox"/> | Eye surgery | <input type="checkbox"/> |
| Sensitive eyes | <input type="checkbox"/> | Alopecia | <input type="checkbox"/> |
| Dry eyes | <input type="checkbox"/> | Itchy eyes | <input type="checkbox"/> |
| Watery eyes | <input type="checkbox"/> | Sensitive skin | <input type="checkbox"/> |

Please list all of the medications you are currently taking, including any supplements:

Please check yes or no Yes No

Are you pregnant or trying to get pregnant?

Are you breastfeeding?

Do you have any allergies?

If yes, please describe: _____



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Have you ever had lash extensions or a lash lift/tint before? _____

What are your goals for your lashes (length, volume, etc)? _____

What products do you regularly use on your lashes (mascara, serums, etc)? _____

Please check yes or no

	Yes	No		Yes	No
Do you wear contacts?	<input type="radio"/>	<input type="radio"/>	Do you use oil based products?	<input type="radio"/>	<input type="radio"/>
Do you wear glasses?	<input type="radio"/>	<input type="radio"/>	Do you have a regular skincare routine?	<input type="radio"/>	<input type="radio"/>
Do you wear eye makeup?	<input type="radio"/>	<input type="radio"/>	Do you curl your lashes?	<input type="radio"/>	<input type="radio"/>
Do you sleep on your side or stomach?	<input type="radio"/>	<input type="radio"/>			
Do you regularly use eye drops?	<input type="radio"/>	<input type="radio"/>			

I confirm that the above information is correct to the best of my knowledge and consent to the staff to perform the procedures. I understand that Naillywood and staff are not responsible for any errors as a result of incorrect information on this form.

I acknowledge I have read and answered the above questionnaire and history form to the best of my ability and understand the information provided above will be used to determine my eligibility to receive cosmetic procedures. In the event my medical history noted above changes, I understand it is my responsibility to inform my provider of changes in order to properly assess and determine if I am a candidate for any cosmetic procedures.

Name (signature): _____

Date: _____



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Lash Extension Consent

Lash extensions are semi-permanent lashes that are hand-glued on top of your natural lashes. The extensions can be customized to create a unique look based on your eye shape and style preferences.

A hypoallergenic glue is used to reduce the risk of any allergic or adverse reaction. We can also do a glue patch test to ensure you will not have any adverse reaction to the glue.

A full set of lash extensions typically takes 60-120 minutes, depending on the style. Fills are required every 2-3 weeks to maintain the look of lash extensions.

Proper aftercare is essential to long lasting lash extensions and the health of your natural lashes and eyes. You will be provided with lash aftercare instructions to ensure you take care of them properly.

If you wish to stop getting lash extensions, they can be removed. It is important to not remove the extensions at home as this can cause permanent damage to your natural lashes.

I have read and fully understand all information in this agreement. I release my technician and Naillywood from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for length of time the lashes will stay. I understand the aftercare instructions and will do my part to maintain my eyelashes. I understand that there are many factors that may affect the life of the eyelash extensions such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

Signature: _____ Date: _____



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Lash Extension Consent

I agree to have eyelash extensions applied to my natural eyelashes and/or retouched. By signing this agreement, I consent to the procedure of an eyelash extension by my technician.

I understand there are risks associated with having an eyelash extension. I further understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact my technician and consult a physician at my own expense.

I understand that even though my technician applies the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care.

I understand and agree to the care instructions provided by my technician for the use and care of my eyelashes. I realize and accept the consequences of failure to adhere to these instructions may cause the eyelashes to not stay bonded as long as told

I agree to only use oil free products on my lash extensions.

I understand I should not wet my lash extensions within the first 48 hours after application.

I acknowledge that I am not to use a pool, sauna, or steam room for 48 hours after application.

I understand there are many factors, such as technician, natural lash growth cycle, use of cosmetics, use of skincare products, and overall maintenance that will affect how long my lash extensions last.

I understand there is a possibility of allergic reaction, as with all cosmetic products.

I understand that using mascara will shorten the length of time my lash extensions last.

I understand fills are needed to maintain lash extensions every 2-3 weeks. I understand these appointment will incur additional costs.

I understand that I should not pull or tug on my lash extensions.



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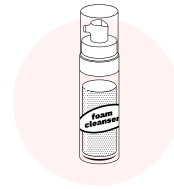
Lash Extension Aftercare



No getting wet
for 48 hours



Brush them 2x
daily



Wash with an
oil free Lash
Cleanser



No touching or
rubbing



No mascara



No oil - use oil
free products

- Mascara or lash curlers should never be used on lash extensions, but you may wear other eye makeup like eyeliner and shadow.
- Be sure to cleanse your lashes 1-2x daily and brush 3x daily to keep them clean. This will help your extensions last longer
- Avoid using any oil-based products including oil cleansers, eye creams, moisturizers and serums
- Do not use any washcloths, makeup wipes, q-tips or cotton pads on your lash extensions.



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Cancellation Policy

Dear Client,

Our goal is to provide excellent care to you and all of our clients. To be respectful of our practitioners and other clients, missed appointments or appointments cancelled with less than 24-hours notice are subject to a cancellation fee.

Additionally, if you are more than 15 minutes late to your appointment, it will be considered a missed appointment and the client will have to reschedule.

I have read and agree to the appointment cancellation policy and understand that I may be charged for any missed appointments.

Name (signature): _____ Date: _____

Photo/Video Release Form

Please read and initial by the statement you choose:

_____ I grant permission for my photograph(s) or video(s) to be posted on social media and website

_____ I grant permission for my photograph(s) or video(s) to be used in other forms of publications like printed materials such as newsletters or flyers

_____ I grant permission for my photograph(s) or video(s) to be used or displayed in the studio

_____ I do not grant permission for any of my photograph(s) or video(s) to be used in any format whether digitally or physically

Name (signature): _____ Date: _____