



## Eyelash Extensions Intake & Consent Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please read and circle the following:**

Is this the first time that you have had eyelash extensions applied?      YES      NO

If no, where did you have them applied? \_\_\_\_\_

Have you had eyelash extensions applied within the last 30 days?      YES      NO

Do you wear contacts or glasses?      YES      NO

Do you have, or are you being treated for any eye illness or injury?      YES      NO

Are you extremely sensitive or have allergies to adhesives or synthetics?      YES      NO

Are you aware the process can take 2-3 hours for a full set?      YES      NO

Please check any of the following below that apply to you:

- Seasonal Allergies
- Dry Eye
- Microdermabrasion
- Lasik Eye Surgery

**Please read and initial the following:**

\_\_\_\_\_ I understand that there are risks associated with the application and/or removal of artificial eyelashes. These risks include, but are not limited to: eye irritation, eye pain, discomfort, swelling, and in *EXREAMELY RARE CASES*, blindness.

\_\_\_\_\_ As part of this procedure, I understand that a certain amount of eyelash adhesive will be used to apply each extension to my existing natural eyelash. Although the Certified Lash Artist may apply and/or remove the Eyelash Extensions properly, I understand that there is a possibility that the adhesive may become dislodged during or after the procedure, which may irritate my eyes.

\_\_\_\_\_ I consent to have "Before" and "After" photographs of my lash application. Photographs may be used and promoted by the lash artist. Therefore, I agree that my photographs may be used for the purpose of documentation, and/or advertising purposes.

- Check here if you do not want your photo shared

\_\_\_\_\_ I agree with the cost of the procedure as discussed with my eyelash artist.

\_\_\_\_\_ I agree that there are no refunds or free appointments, due to neglect of pre/post recommendations.

I have read and completed the Eyelash Extensions Intake & Consent Form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of Eyelash Extensions.

Print Clients Name: \_\_\_\_\_

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_