

Eyelash Extension Client Form

Client Information					
First Name:		Last Name:			
Address:					
City:		Province:		Postal Code:	
Phone:		E-mail			
First Appointment Date:		Notes:			

Questions:

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

If no, where have you had eyelash extensions applied? _____

Do you habitually rub, pull, or pick your eyelashes for any reason?

YES / NO

Do you have, or are you being treated for any eye illness or injury?

YES / NO

Are you able to keep your eyes closed and lie still for up to 3 hours?

YES / NO

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

- ☐ Lasik Eye Surgery within 6 months
- ☐ Permanent eye make-up
- ☐ Blephroplasty (eye lift)
- ☐ Microdermabrasion within 2 months
- ☐ Allergies to synthetics such as acrylic nails
- ☐ Hypersensitivity to cyanoacrylate or other adhesives
- ☐ Alopecia
- ☐ Thyroid diseases
- ☐ Pink Eye
- ☐ Sty
- ☐ Hormonal imbalance or extreme stress
- ☐ Drugs that may cause temporary hair loss
- ☐ Chemotherapeutic agents used in cancer treatments
- ☐ Retinoid used to treat acne and skin problems (i.e. Accutane or Retin A)
- ☐ Anticoagulants, Beta-adrenergic blockers, etc. used to control blood pressure

Client Remarks:

Consent for Eyelash Extension Procedure:

I have agreed to have _____ apply and/or remove eyelash extensions from my natural eyelashes. Before my qualified professional may perform this procedure, I understand and agree to give my informed consent to this agreement by signing and dating where indicated below.

1. Waiver of Liability.

I understand there are risks associated with having artificial eyelash extensions applied to, and/or removed, from my natural eyelashes, and that notwithstanding the utmost of care in the application of removal of these products, there are still risks that exist associated with the procedure and product itself, which include, without limitation: eye irritation, eye pain, discomfort, and in rare cases, loss of vision when improperly handled. As part of the procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial eyelash to my natural eyelashes. Even though the professional may apply or remove my eyelash properly, I understand adhesive material may become dislodged during or after my procedure, which may irritate my eyes or require further follow-up care, at my own expense, to prevent damage to my eyes. I also understand there is more than one technique for applying eyelash extensions to my eyelashes, and I will not attribute any liability to my independent eyelash professional as a result of this procedure or the use and care of the artificial eyelashes. I also agree to defend, indemnify, and hold harmless my eyelash professional from any and all claims, actions, expenses, damages, and liabilities, including reasonable attorneys' fees, which might be asserted against them as a result of my having this procedure performed, or my purchase of any eyelash extension products.

2. Care and Maintenance

I agree to follow the care and maintenance instructions provided to me for the use and care of my eyelash extensions, and that if any follow-up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my natural eyelashes, or may cause my natural eyelashes to fall out prematurely. Knowing this, I agree to follow these tips for best results: I will avoid oil based eye products, as these will weaken the bond of my eyelash adhesive. I

will avoid swimming, saunas, steam rooms, or any form of moisture including perspiration. If I experience any itching or irritation, I agree to contact my eyelash professional immediately to have the eyelash extensions removed. I agree to avoid using waterproof mascara, and to not use a mechanical eyelash curler.

This agreement will remain in effect for this procedure, and all future procedures conducted by my professional, or any other professional conducting business at the salon/spa establishment listed above.

I agree that this agreement is binding upon me, and my heirs, legal representatives, and assigns. I represent that I am over 18 years of age, and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____.

By his or her signature below, he or she ratifies and consents to this procedure under these terms.

I understand that this is a beauty service, and there are no refunds.

INITIAL _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
DATE: _____

PRINT NAME: _____ DATE: _____