

EYELASH EXTENSIONS

CONSULTATION & CONSENT FORM

Please fill out this form on your first appointment.
Your answers will better help us to meet your needs and ensure that you have a happy and satisfying experience.

Appointment Day & Time:

DD

MM

YYYY

HH:MM

Your Certified Specialist is:

Client Information

Full Name

Date of birth

Address

City

Zip / Postal Code

State / Province

Phone

Emergency Contact Name

Emergency Contact Phone

Male

Female

Email

Yes

No

(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)
If you would like to subscribe to our newsletter and promotions please tick YES or tick NO

Is this the first time that you have had eyelash extensions applied?

Yes

No

If no, where did you have them applied?

Do you wear contact lenses?

Yes

No

Do you wear glasses?

Yes

No

Do you habitually rub, pull, or pick your lashes 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 2 hours or longer?

Yes

No

Are you pregnant?

Yes

No

Do you have asthma or any respiratory (breathing) problems?

Yes

No

Are you having eyelash extensions applied for:

Daily wear

a special occasion

Do you have any allergies to adhesives, tape, paper tape or synthetics?

Yes

No

If yes, please list your reaction(s):

Have you previously undergone an eyelash extension procedure?

Yes

No

If yes, what was the result and did you have any concerns or side effects?

Do you have any sensitivities (itchy eyes, seasonal hay fever, etc.)?

Yes

No

If yes, please give some details:

Please list any eye drops or eye medications that you are currently using:

Please indicate if you have worn within the last 60 days any of the following types of lashes:

Individual

Strip

Flare

Other

What side do you predominately sleep on?

Right

Left

Back

Stomach

Do you

Curl

Perm

Tint

your eyelashes

No

What would you like to improve about your eyelashes?

Consider shape, color, density, thickness...

Please check any of the following that apply to you

- | | |
|--|--|
| <input type="checkbox"/> Lasik Eye Surgery | <input type="checkbox"/> Retinoids |
| <input type="checkbox"/> Dry Eye | <input type="checkbox"/> Accutane |
| <input type="checkbox"/> Permanent Cosmetics | <input type="checkbox"/> Beta-adrenergic Blockers |
| <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Chemotherapeutic Agents |
| <input type="checkbox"/> Microdermabrasion | <input type="checkbox"/> Hormonal Imbalance |
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Recent High Fever |
| <input type="checkbox"/> Alopecia | <input type="checkbox"/> Severe Illness |
| <input type="checkbox"/> Thyroid Diseases | <input type="checkbox"/> Flu Symptoms |
| <input type="checkbox"/> Glycerin Allergies | <input type="checkbox"/> Extreme Stress |
| <input type="checkbox"/> Iron Deficiency | <input type="checkbox"/> Drugs that Cause Hair Loss |
| <input type="checkbox"/> Ringworm | <input type="checkbox"/> Childbirth within the last 120 days |
| <input type="checkbox"/> Major Surgery | <input type="checkbox"/> Hypersensitivity to Cyanoacrylate or Formaldehyde |
| <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Major surgery within last 120 days |
| <input type="checkbox"/> Oral Contraceptives | <input type="checkbox"/> Allergies to adhesives or synthetics |
| <input type="checkbox"/> Anticoagulants | <input type="checkbox"/> Exposure to Chemicals in Swimming Pools, Bleach, Hair Dye, or Perms |

Other Medical Information:

Any questions or concerns you may want answered by your lash stylist?

See next page to sign the consent form

Eyelash Extensions Consent Form

- I understand that there are risks associated with having artificial eyelashes applied to and/or removed from my natural lashes.
- I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes.
- I understand that as part of the procedure eye irritation, pain, itching discomfort and in rare cases eye infection may occur.
- I understand and agree that if I experience any of these issues with my lashes I will contact my technician and have the eyelash extensions removed immediately and consult a physician at my own expense.
- I understand that even though the technician may apply and remove the eyelash extensions properly, that adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.
- I understand and agree to follow the aftercare instructions provided by my technician. Failure to follow the aftercare instructions may cause the eyelash extensions to fall out.
- I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-180 minutes during the procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean that I will not be able to have the procedure performed on my eyes.
- This agreement will remain in effect for this procedure and all future procedures conducted by my technician or any other technician conducting business at the salon/spa listed below. I understand that this agreement is binding and that I have read and fully understand all information above. I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.
- I release my technician or salon/spa from all liability associated with this procedure. There are no guarantees for the bonding time length of the eyelash extensions. Our company or salon is not responsible for any technician errors. I understand that I have been advised to follow the aftercare protocol from my technician so as to avoid any discomfort or adverse side effects after the procedure has been completed.
- I understand that if I have any concerns, I will address these with my lash extension specialist. I give permission to my lash extension specialist to perform the lash extension procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my lash extension specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the lash extension specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures.
- I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the lash extension specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client (Printed Name) Parent or guardian (if under 18 years of age) Name & Signature

Phone

Client Signature

Date

Technician Signature

Date