



Lash & Brow Client Intake Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Appointment Date & Time: D: ____ / ____ / ____ T: _____

Is this the first time you've had lash extensions applied? ___ Yes ___ No

If no, where have you had them applied? _____ What brand was used? _____

Please indicate if you have worn within the last 60 days any of the following types of lashes: _ individual _ strip _ other _____ Do you ___ curl ___ perm -or- ___ tint your lashes? ___ Yes No ___

Are you having lash extensions applied for: ___ a special occasion -or- ___ daily wear

Do you wear contacts? ___ 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

What side do you predominately sleep on? ___ Right ___ Left

Please list any eye drops or eye medication you are using: _____

Are you able to keep your eyes closed and lie still for up to 2 hours or longer? ___ Yes ___ No

Please check " any of the following that might apply to you: ___ Lasik Eye Surgery ___ Permanent eye make-up ___ Blephroplasty (eye lift) ___ Microdermabrasion ___ Allergies to adhesives or synthetics ___ Child birth within last 120 days ___ Alopecia ___ Thyroid diseases ___ Allergic to Glycerin ___ Hypersensitivity to cyanoacrylate or formaldehyde or certain adhesives/glues ___ Recent high fever or severe illness ___ Iron Deficiency ___ Hormonal imbalance or extreme stress ___ Exposure to certain chemicals found in swimming pools, and to bleach, Allergic to dye, perm or hair color ___ Major surgery within last 120 days ___ Eating Disorders ___ Drugs that can cause temporary hair loss: ___ Chemotherapeutic agents used in cancer treatment ___ Retinoids used to treat acne and skin problems (such as Accutane or Retin A) ___ Anticoagulants, ___ Beta-adrenergic blockers used to control blood pressure, ___ Oral contraceptives _____ Other Notable Information or Allergies

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your lash extension application, please be aware of the following information and possible risks. Please initial:

___ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer.

___ I understand that lash extension services have some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

___ I understand that some irritation, itching or burning may occur on the skin if the bonding agent comes into contact with it.

___ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.

___ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require a fill appointment every 3-4 weeks.

___ I understand that it is imperative that I disclose all of the information requested in the Client Profile/Health History.

___ I have cited all conditions and circumstances regarding my health history, medications being taken, and any past reactions to products or medications.

___ I understand that additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

___ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes. 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 Name (Printed) _____

Client (Signature) _____ Date: _____

Lash extension specialist _____