

LASH
ARTISTS

Client Record

1. Client Profile

CLIENT NAME

.....

DATE OF BIRTH

.....

OCCUPATION

.....

ADDRESS

.....

PHONE NUMBER

.....

EMAIL

.....

EMERGENCY
CONT.

.....

REFERRED BY

.....

2. Client Intake Form

DO YOU HAVE
SENSITIVE EYES?

.....

ANY EYE CONDITIONS

.....

ALLERGIES

.....

ARE YOU PREGNANT?

.....

ARE YOU WEARING
CONTACT LENSES?

.....

RECENT EYE
TREATMENTS OR
SURGERIES

.....

3. Natural Lash Assessment

LASH LENGTH	LASH THICKNESS	LASH DENSITY	LASH CONDITION
Short	Fine	Sparse	Healthy
Medium	Medium	Normal	Weak
Long	Thick	Full	Damaged

4. Patch Test Record

DATE

ADHESIVE TESTED

REACTION

RESULT

5. Lash Extension Consent Form

I understand the eyelash extension procedure and the possible risks involved, including eye irritation, allergic reactions, or discomfort.

I confirm that I have disclosed all relevant information, including allergies, sensitivities, and eye conditions.

I agree to follow the recommended aftercare instructions and understand that results may vary.

I release the lash artist from liability for any adverse reactions that may occur.

CLIENT NAME:

SIGNATURE:

DATE:

LASH ARTIST SIGNATURE:

6. Treatment Record

DATE

.....

SERVICE
PERFORMED

.....

REACTION
DURING SERVICE

.....

NOTES

.....

Lash Extension Details

PRODUCTS USED

Adhesive Used

.....

Lash Brand

.....

Remover

.....

Primer

.....

SET TYPE

Classic

Hybrid

Volume

Mega
Volume

LASH MAPPING

Inner lengths

.....

Middle lengths

.....

Outer lengths

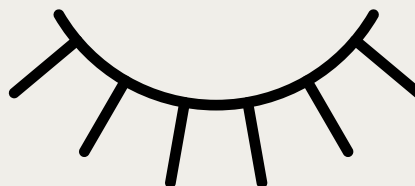
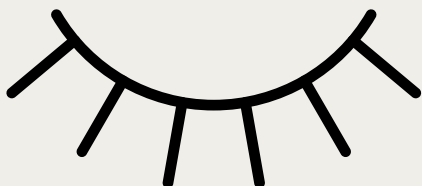
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Curl Type

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Thickness

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