

EYELASH EXTENSION



Client Consultation Form

Client's Information

Full Name: _____

Date of Birth: _____

Age: _____

☐

Female

☐

Male

☐

NB

Address: _____

City: _____

ZIP Code: _____

E-mail: _____

Phone: _____

Eyelash Extension Preferences

Eyelash Style

☐

Natural

☐

Classic

☐

Volume

☐

Custom: _____

Eyelash Length

☐

Short

☐

Medium

☐

Long

☐

Custom: _____

Eyelash Curl

☐

Natural

☐

Dramatic

☐

Very Dramatic

☐

Custom: _____

Eyelash Curl

☐

Natural

☐

Dramatic

☐

Very Dramatic

☐

Custom: _____

Medical Information

☐

Pregnant

☐

Nursing

☐

Allergies to Adhesives or Eyelash Products

☐

Other Eye-related Concerns: _____

☐

Recent Eye Surgery or Eye Conditions

☐

Contact Lenses (during the procedure)

☐

Use of Eye Medications

Consent and Agreement

I understand the eyelash extension procedure involves applying adhesive and synthetic lashes to my natural lashes. I have discussed my preferences with the technician, and I agree with the recommended style, length, curl, and thickness. I acknowledge that allergic reactions or eye discomfort are possible but rare. I consent to the eyelash extension procedure and agree to follow aftercare instructions.

Client's Signature: _____

Technician's Signature: _____

Date: _____

Date: _____