

### Eyelash Services Intake Forms

### **Client Information**

Full Name:

Date:

Address:

Cell #:

Email Address:

# Thank you for choosing Afterglow Laser Spa

To whom may we give thanks for your visit to our spa?

Found us on your own? How did you hear about us? (ex: web browser, kijiji, facebook, word of mouth, etc.)

What other services are you interested in learning about? (ex: 3D Microblading, age spot reduction, spider vein treatments, laser hair removal, permanent makeup, etc.)

### **Referral Rewards:**

If you know anyone who could benefit from any of our services, please print your name on our *Referral Reward Cards* and pass it out to as many people as you like. *For new clients, it has a value of \$25, applicable to any regular priced service.* Plus, if they use it, we will give you a **\$25 credit as well.** There is no limit to referral credits, so spread the word about Afterglow Laser Spa, and you can stock up your credits for something good!



### **Eyelash Services**

### Intake Forms

### Medical History

Have you ever had an allergic reaction to lash extension adhesive, or waterproof mascara? Yes \_\_\_\_ No \_\_\_\_

Is this the first time having a lash service? Yes \_\_\_\_ No \_\_\_\_

Do you have a history of allergies to adhesives, Bandages, or medical tape? Yes\_\_\_\_ No \_\_\_\_

Do you have Blepharitis (inflamed eyelids)? Yes\_\_\_\_ No \_\_\_\_

Do you have a condition that causes excessive watery eyes? Yes\_\_\_ No\_\_\_\_

Do you have any cysts or active styes? Yes \_\_\_\_ No \_\_\_\_

Do you have any past allergies to perming solutions? Yes \_\_\_\_ No \_\_\_\_

Do you have any current redness, irritation, cuts or trauma around the eyes? Yes \_\_\_\_ No \_\_\_\_

Do you have consistently watery eyes? Yes \_\_\_\_ No \_\_\_\_

Have you had eye surgery in the last two months? Yes\_\_\_\_ No \_\_\_\_

Do you suffer from Claustrophobia? Yes \_\_\_\_ No \_\_\_\_

Do you have Bell's Palsy, or any condition making it difficult to close the eyes? Yes \_\_\_\_ No \_\_\_\_

Do you have any disorder causing shaking, twitching or erratic movement? Yes \_\_\_\_ No \_\_\_\_



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### Allergic Reactions:

If you have an allergic reaction, please be sure to seek medical advice from a doctor. We do not have any way of knowing how you will respond to the products used. Because you are undergoing this procedure at your own risk, be sure to consider any past allergies to medical tapes, glues, hair dyes, developers, and perming solutions. No refunds will be offered should an allergic reaction occur. If you have sensitive or reactive skin, we do not recommend having this service done.

### **Consent for Eyelash Procedures:**

I understand that this procedure requires the application of FDA approved chemicals, but that any adverse reactions to these products are in no way whatsoever, the responsibility of Afterglow Laser Spa and any of its employees. I confirm and agree that I wish to engage in the services of Afterglow Laser Spa to apply eyelash perm, eyelash tinting, semi-permanent mascara, and to the use of any products, adhesives and tools required to complete the service. I understand that it is my responsibility to keep my eyes closed, and be still during the entire procedure. I understand that some of the side effects of this procedure may be, but are not limited to eye redness, and irritation. I agree to disclose any allergies that I may have to latex, surgical tapes, cyanoacrylate, vaseline, etc. I agree that by reading and signing this consent form, I release Afterglow Laser Spa and their employees from any claims or damages of any nature. I agree that I read, and fully understand this entire consent form. I am of sound mind and fully capable of executing this waiver for myself.

I give Afterglow Laser Spa permission to use my before and after photos. Initials: \_\_\_\_\_

The undersigned confirms receiving, reading and reviewing the consent form which forms part of this agreement.

Client's Signature

Date MM-DD-YYYY

Technician's Signature



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### Aftercare:

We hope you love your eyelashes! Please be sure to follow these instructions to ensure they last as long as possible.

- Do not apply eye makeup or mascara for 24-48 hours after the procedure
- Do not wash the eye area for 24-48 hours after the procedure
- Do not bend, rub, pull or pick at the lashes/eye area for 24-48 hours after the procedure
- Sleep on your back the first night to avoid pressing lashes into your pillow
- You can book your follow-up lash tint every 4 weeks, and your lift every 8 weeks

If you have any questions or concerns, please call or text 519-697-9129

Thank you for choosing Afterglow Laser Spa!

### We appreciate your reviews!

If you loved your service, your kind words go a long way in helping our business grow. We will send a follow up email in 2 days, if you want to leave us a review, there are links provided for you there.