

Client Consultation- Lash Extensions



Date: ____/____/____

Name: _____

Date of Birth MM/DD/YY: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ E-mail address: _____

Referred by: _____

Emergency contact name: _____

Phone: _____ Relationship to you: _____

Health History

Please list any allergies you have (including cosmetics/ingredients): _____

Are you allergic to Acrylate/Cyanocrylate (bonding agent)? No Yes Don't Know

Have you ever had a reaction to adhesive tape, topical creams, nail adhesives, or other topical products? No Yes

Do you have any eye disease, condition or injury that has affected your hair/lash growth or loss? No Yes

Please list all current medications you are taking (including over-the-counter herbs, vitamins and supplements): _____

Have you ever had any of these conditions? (Please circle)

Alopecia

Dry Eye Syndrome

Sensitive Eyes

Asthma

Eye Sties or Sores

Stroke/TIA

Back pain or back injury

Herpes of the Eye

Thyroid Disease

Bell's palsy

Intense Stress

Trichotillomania

Blepharitis

Leamy eye

Recent Eye Surgery

Claustrophobia

Light Sensitivity

Current Eye Irritation

Cold Sores

Migraines

Conjunctivitis (pink eye)

Ocular Rosacea

Diabetes

Rosacea

Any other health condition not listed: _____

Which side do you most often sleep on? Right Left Stomach Back

How fast do you feel your hair grows? Fast Slow Normal Rate

Is there anything else we should know about? _____

These questions are relevant to your hair growth, and overall hair health. Please answer as fully as possible.

Question	Yes	No	Details If applicable	Adverse Reactions? If applicable
Are you pregnant or nursing?				
Do you wear contacts?				
Do you wear glasses?				
Have you ever had lash extensions?				
Have you ever had lash extensions removed?				
Have you ever used long lasting or waterproof cosmetics?				
Do you use Retin-A or Accutane?				
Do you go tanning (in salon, outdoor, or spray tan)?				
Have you had facial treatments?				
Have you ever had Botox®, Juvederm®, or any other injectables?				
Have you ever used Latisse® or any other lash growing product?				

Future Appointments/Contact:

May I call/text you at your cell phone number to confirm future appointments? No Yes

May I contact you via mail/email about future promotions and news? No Yes

May I take and use photos on the internet/ social media as part of a portfolio of treatments? No Yes

We appreciate your business. So that we can best serve all our clients, please be advised of these policies.

CONFIRMATION

A confirmation email &/or text will be sent 72 hours before your scheduled appointment. If the appointment is not confirmed within 24 hours of your appointment start time the scheduled time will not be held.

ARRIVAL TIME

Please aim to arrive 10 minutes before your scheduled appointment time. If you arrive after your scheduled appointment time, it may not be possible to extend the time available for your booked service; if your service is shortened due to your late arrival, you will be charged the full cost of the service.

CHANGING YOUR APPOINTMENT

24 hours notice is required to reschedule or cancel a booked appointment. If you reschedule, cancel or miss your scheduled appointment you will be charged 50% of the service cost if less than 24 hours before your appointment.

Client Signature: _____ Date: _____

Lash Extension Specialist: _____ Date: _____

Consent- Lash Extensions



Date: ____/____/____

Name: _____

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 2-3 weeks.

___ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.

___ 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 Signature: _____ Date: _____

Lash Extension Specialist: _____ Date: _____

Aftercare- Lash Extensions

Your lash extensions are attached to your own individual eyelashes, and will shed as your natural lashes shed. Maintaining your lash extensions will require regular visits to attach new extensions (fill-in) to your own eyelashes as your eyelash growth cycle regenerates new lashes.

With a few simple care instructions you will be on your way to enjoying your luscious long lashes. To increase the longevity of your lashes, it is advised to avoid moisture and touching as much as possible.



Before your appointment

- If you use waterproof mascara, avoid using it 2-3 days before your first appointment. The film it leaves on your lashes may prevent the extensions from adhering correctly.
- Arrive to your appointment with dry, clean lashes and makeup-free eyes.
- Remove contact lenses before your appointment.

During the initial 24-48 hours after your appointment

- Avoid steam from facials, saunas and swimming pools.
- Avoid getting moisture around the eye area when washing face, showering etc.
- Avoid tanning beds for 48 hours after application.
- Avoid chemical peels, waxing or laser treatments around the eyes.

General guidelines to extend the life of your lashes

- Avoid using oil-based skincare and makeup products around the eye, including mascara and makeup remover.
- Avoid waterproof mascara. If you can, it is better not to use any mascara at all. You may find you don't even need it!
- Avoid running water over your face. Moisture will break down the bond of the glue.
- Avoid rubbing your eyes or lashes, especially when washing your face. It is recommended to clean around the eye area with a washcloth or cotton swab (Q-tip).
- Avoid using an eyelash curler. One of the benefits of lash extensions is the ability to add curl to your lashes. If you would like more curl, please speak to your technician.
- If you can, sleep on your back to avoid the risk of lashes rubbing against your pillow.
- Gently brush your lashes with a mascara wand to groom them. The best time to do this is after showering, as they will be softer and less likely to damage.
- Avoid pulling your lashes, and do not attempt to remove them yourself. If you would like them removed, please contact your technician. If you experience any pain, redness or irritation, contact your technician immediately.