

# Client Consultation- Lash Lift/ Tint



Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Date of Birth MM/DD/YY: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Previous discomfort, stinging and/or adverse reactions, please select:

- |   |  |
|---|--|
| <input type="checkbox"/> Skin Disorders                       | <input type="checkbox"/> Hayfever  |
| <input type="checkbox"/> Eye Infections                       | <input type="checkbox"/> Contact Lenses                                  |
| <input type="checkbox"/> Watery Eyes                          | <input type="checkbox"/> Pregnant/Lactating                              |
| <input type="checkbox"/> Bell's Palsey                        | <input type="checkbox"/> Allergies to adhesives, glues or bonding agents |
| <input type="checkbox"/> Allergies to acetone                 | <input type="checkbox"/> Eye disease                                     |
| <input type="checkbox"/> Taking contraceptive pill            | <input type="checkbox"/> Blepharitis                                     |
| <input type="checkbox"/> Previous reactions to eye treatments | <input type="checkbox"/> Allergies                                       |
| <input type="checkbox"/> Inflammation of the skin             | <input type="checkbox"/> Allergies to latex                              |
| <input type="checkbox"/> Recent eye surgery                   | <input type="checkbox"/> Taking HRT                                      |

Medications?: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

Previously received lash or brow tinting, lash perming, lash extensions, or semi-permanent mascara?

O No O Yes

If yes:  Tinting  Lash perm/lift  Lash extensions  Semi-permanent mascara

Did you experience any reaction to these treatments? O No O Yes

If yes:  Tinting  Lash perm/lift  Lash extensions  Semi-permanent mascara

If so, please provide details: \_\_\_\_\_

Did you seek medical advise from a doctor or specialist as a result of the reaction and if so, what was the advise of your doctor or treatment given? \_\_\_\_\_

Do not use strong eye makeup removers for 48 hours as they may strip the color if a tint has been performed.

Avoid hot steamy showers or saunas for 24 hours after a treatment and do not wash hair as shampoo or conditioner on the lashes/brows over the next 24 hours can encourage the color to weaken or the lift to relax.

Do not rub or play with the lashes, if any irritation occurs, apply a clean cold wet pad to the eye area or contact a doctor.

Continued on other side...

**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

I request & consent to these procedures being carried out today without undergoing a sensitivity patch. The sensitivity test, which if conducted, may indicate my sensitivity or allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and services.

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

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: \_\_\_\_\_