

Date: _____

Name: _____ Date of Birth: _____
 Contact Tel # (Cell): _____ - _____ - _____ (W): _____ - _____ - _____ (H): _____ - _____ - _____
 Email: _____ Consent to use: Y N
 Address: _____

Is it the first time you have had eyelash extensions applied? Yes No
 If YES, Which brand? _____

Do you currently have: Eyelash perm - When: _____ Eyelash tint - When: _____

Do you wear strips of flared lashes on a regular basis? Yes No

Are you wearing contact lenses at this moment? Yes No (If YES, you need to remove them and only replace them the next day)

Do you use any of the following: Eyelash curler Eyelash heater Mascara Eye makeup remover

Do you rub, pull or pick your lashes for any reason? Yes No

Are you having lash extensions applied for: Special Occasion Daily wear

What kind of effect do you want: Natural (Classic) Fuller (Hybrid/Volume)

Have you ever been treated or currently are being treated for an illness or injury to the eye? Yes No
 If YES, please explain: _____

History: (Please check any of the following that might apply to you)

<input type="checkbox"/> Laser Eye Surgery	<input type="checkbox"/> Allergies to Synthetics	<input type="checkbox"/> Dry eyes
<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Seasonal Allergies	<input type="checkbox"/> Eating disorders (causing hair loss)
<input type="checkbox"/> Allergies to Adhesives	<input type="checkbox"/> Hair loss medication	<input type="checkbox"/> Exposure to chemicals found in a pool, bleach, dye or permanent.

Please read and initial:

- _____ I certify that all the above is correct as per my knowledge.
- _____ I allow the professional to take photographs of my eyes and lashes before and after the application of eyelashes for my file.
- _____ I consent that the photographs of my lashes may be used by this clinic for promotional and educational material.
- _____ I acknowledge that my Service Provider will advise me the proper use of products that is required to keep my Extensions in good and healthy condition.
- _____ I pledge to follow the recommendations of maintenance provided to me by my Service Provider and I understand that I am fully responsible for the maintenance of my eyelash extensions.
- _____ I have received a Lash Extension information sheet to take with me.
- _____ I understand that I will pay a 50% deposit for my lash extension appointment that will be deductible on the day of my appointment. I understand that this is a non-refundable deposit should I not show up for my appointment.
- _____ I understand that arriving late for my appointment will not extend my appointment. Should I arrive 15 minutes late my appointment will be rescheduled and I will be charged 50% of the appointment.

Out of respect and consideration for our professional service providers and other customers, we ask that all appointments longer than an hour be respected.

_____ Print Client Name

_____ Client Signature

_____ Date

_____ Print Service Provider Name

_____ Service Provider Signature

_____ Date

_____ **I AM FULLY SATISFIED WITH THE RESULT**