

Lash Lift Services – Client Information and Consent

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Please check all that apply to you:

<input type="checkbox"/>	Skin Disorders	<input type="checkbox"/>	Eye Disease	<input type="checkbox"/>	Blepharitis
<input type="checkbox"/>	Eye infections	<input type="checkbox"/>	Previous reactions to any eye treatments	<input type="checkbox"/>	Are you using any lash serums
<input type="checkbox"/>	Watery Eyes	<input type="checkbox"/>	Allergies to adhesives or glues	<input type="checkbox"/>	Bell's Palsy
<input type="checkbox"/>	Pregnant or Breastfeeding	<input type="checkbox"/>	Seasonal Allergies	<input type="checkbox"/>	Eyelid Styes or Cysts
<input type="checkbox"/>	Wear Contact Lenses	<input type="checkbox"/>	Are you taking HRT	<input type="checkbox"/>	Chemotherapy
<input type="checkbox"/>	Recent eye surgery	<input type="checkbox"/>	Dry Eyes	<input type="checkbox"/>	Allergies to Collagen

Any Medications: _____

Other Relevant Information: _____

Have you had lash or brow tinting, lash lift or eyelash extensions applied previously?

Please circle: NO/YES – which treatment?

TINTING LASH LIFT EYELASH EXTENSIONS

Did you experience any reaction to these treatments?

Please circle: NO/YES – which treatment?

TINTING LASH LIFT EYELASH EXTENSIONS

Please provide details of this reaction:

Patch Test Waiver: If you suspect you may have a sensitivity to lash treatments, you may request a patch test to be done 24 hours in advance of your appointment. By signing here, you waive your request for a patch test and any liability for sensitivities that may occur from any lash treatment performed. SIGNATURE: _____

Please read the following disclaimer, sign and date.

I release the esthetician from all liability associated with this procedure, which is performed with attention to safety and proper application using tools and products that the esthetician has been professionally trained to use. I understand there are no guarantees for how long the lash lift will last as it depends on the individual. I understand the aftercare instructions and will do my part to maintain the treatment. I understand that there are many factors that may affect the life of my lash lift such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures. This agreement will remain in effect for this procedure and all future procedures conducted by the esthetician for lash lifts until I notify the esthetician if any of the above changes. I accept that if I fail to notify the esthetician of any changes that I am liable for any consequences of sensitivity or adverse reactions to the treatment.

SIGNATURE: _____

DATE: ___/___/___