 EYELASH EXTENSION & CONSENT FORM

CLIENT INFORMATION

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY/ST/ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate if you’ve recently worn or frequently wear any of the following types of lashes:

\_\_\_Individual \_\_\_\_Strip What brand\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a lash lift or tint?\_\_\_\_\_\_\_\_\_ When\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you having extensions applied for \_\_\_\_\_special occasion or \_\_\_\_\_\_ daily wear

Are you looking for something more natural\_\_\_\_\_\_ dramatic\_\_\_\_\_\_ longer\_\_\_\_\_\_ thicker\_\_\_\_\_\_

Do you wear contacts?\_\_\_\_\_\_\_\_\_\_\_\_ Do you wear glasses\_\_\_\_\_\_\_\_\_\_\_

Please check any that apply to you within the last 6 months:

\_\_\_\_\_lasik \_\_\_\_\_eye injury \_\_\_\_\_seasonal allergies \_\_\_\_\_hormone imbalance/stress

\_\_\_\_\_recent illness or severe injury \_\_\_\_\_pregnancy/breastfeeding \_\_\_\_\_new prescription

\_\_\_\_\_hyper/hypothyroidism \_\_\_\_\_alopecia \_\_\_\_\_diabetes \_\_\_\_\_lupus \_\_\_\_\_trichotillomania

\_\_\_\_\_allergies to cyanoacrylate adhesives (glue,nail glue) \_\_\_\_\_adhesive found in bandaids

\_\_\_\_\_accutane or retin-a

I understand there are risks associated with having extensions applied to and/or removed from my natural lash. Some risks include, but not limited to, eye irritation, eye pain, discomfort, inflammation of eyelids, puffiness/swelling. I understand a small amount of lash adhesive will be used to apply a single lash to my natural lash. I understand there are no guarantees of how long the extensions will remain on the natural lash. I understand that I must follow all aftercare as closely as possible.

I understand that I will not get my lashes wet for the first 24 hours after application. I agree to avoid using waterproof mascara and to not use any eyelash curler, perm or tint my extensions. I agree to not pick, pull or rub my extensions. I understand that I will need a fill between 1-3 weeks depending upon my natural lash cycle. I understand it is my responsibility to maintain, clean daily and properly brush my extensions. I understand that if any irritation should occur, it is no fault of the lash technician and I will alert them right away.

\_\_\_\_\_\_\_I give my permission to be photographed before and after for marketing purposes and I will not be given compensation.

\_\_\_\_\_\_\_I do not give my permission for my photos to be used for social media/marketing purposes but I do understand that my photo will be taken before and after for internal use.

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Client Signature Date