

CONSULTATION FORM

NAME:		DATE:
ADDRESS:		PHONE #:
CITY:	STATE:	ZIP:
How did you hear about us?		EMAIL:

YES NO Is this the first time you have had last extensions applied?

If no, where have you had lashes applied? _____

What brand was used? _____

Please indicate if you have worn, within the last 60 days any of the following types of lashes:

Individual Strip Clusters Other

YES NO Do you Curl your lashes?

YES NO Do you Perm your lashes?

YES NO Do you use lash growth?

YES NO Do you Tint your lashes?

YES NO Have you had permanent eye liner applied in the last 30 days?

YES NO Have you had lash extensions applied for a special occasion or daily wear? (circle one)

YES NO Do you wear contacts?

YES NO Do you have frequent eye irritation, itching or watering of eyes

YES NO Have you had an allergic reaction to cyanoacrylate, adhesive, tape, topical collagen?

YES NO Have you had Lasik eye surgery in the past 90 days

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Pregnant or Nursing | <input type="checkbox"/> Asthma | <input type="checkbox"/> Major surgery |
| <input type="checkbox"/> Oral contraceptives | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Seasonal allergies |
| <input type="checkbox"/> Dry eye | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Blepharoplasty (eye lift) | <input type="checkbox"/> Recent high fever/severe illness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Iron deficiency | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Hormonal imbalance | <input type="checkbox"/> Anxiety/Stress |

Please list any eye drops you are using:
Please list any medication(s) you are using:

CLIENT CONSENT FORM

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 I need to keep my eyes closed during the entire procedure.
- _____ 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, burning 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 to 3 weeks.
- _____ I understand that it is imperative that I disclose all of the information requested in the Consultation Form.
- _____ 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" pictures for the purpose of documentation, potential advertising and promotional purposes.
- _____ I understand that if less than 40% of my lashes remain at the time of my fill appointment that I may be required to pay a higher rate or a full set may be required.

I understand that if I have any concerns, I will address these with my technician. I give permission to my technician 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 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) or the School/Salon 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 NAME: (Printed)	CLIENT NAME: (Signature)	DATE:
SPECIALIST NAME: (Printed)	SPECIALIST NAME: (Signature)	DATE:
SCHOOL OR SALON NAME:		

Treatment Care: 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

Do not get your lashes wet for 24 hours after the lash extensions are applied. It will affect the efficacy of the glue.

- Avoid steam from showers, 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.