EYE LASH LIFT & TINT

CLIENT INFORMATION FORM

DATE OF APPOINTMENT_____TIME OF APPOINTMENT_____

FULL NAME_____

ADDRESS_____

CITY_____STATE/PROVINCE_____

ZIP/POSTAL CODE_____PHONE_____

EMAIL ADDRESS_____

DATE OF BIRTH (DD/MM/YYYY) _____CURRENT AGE_____

Have you ever had a Lash Lift? Y ☐ N ☐
If YES, when did you have your last lift?
_____
If YES, was it a good experience? Y ☐ N ☐
If NO, please describe: _____
_____

Have you had a lash/brow tint before? Y ☐ N ☐
If YES, did you experience any reaction to the tint? Y ☐ N ☐
If YES, please describe: _____
_____
Which best describes the look you would like to achieve for your lashes?
FULLY LIFTED ☐ IN BETWEEN ☐ SOFT NATURAL CURL ☐

CLIENT INFORMATION *Continued*

For a more effective, personalized treatment, please be as accurate as possible when filling out the following information.

PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:
RELATING TO THE EYE

- ☐ Eye surgery
- ☐ Eye illness or injury
- ☐ Dry eyes
- ☐ Seasonal allergies
- ☐ Allergies to adhesives found in band-aids or medical tape
- ☐ Allergies to preservatives in saline solutions
- ☐ Eye infection
- ☐ Permanent eye make-up
- ☐ Blepharoplasty
- ☐ Blepharitis (inflammation of eyelids
- ☐ Sensitivity or claustrophobia when your eyes are closed for long periods of time
- ☐ Retinoids used to treat acne and skin problems (like Accutane or Retin A)

GENERALLY RELATING TO THE EYELASHES

- ☐ Hormone imbalance
- ☐ Recent severe illness or injury
- ☐ Pregnancy or recent childbirth
- ☐ New prescriptions or recently prescribed oral contraceptives
- ☐ Types of medical conditions that may contribute to hair and eyelash loss: hyperthyroidism or hypothyroidism, alopecia areata, lupus, diabetes
- ☐ Vitamin and mineral deficiencies that may contribute to hair and eyelash loss: A, F, B, Selenium, Zinc, Iron
- ☐ Trichotillomania (hair pulling disorder)
- ☐ Medications that may contribute to hair or eyelash loss: chemotherapeutic agents used in cancer treatment, Anticoagulants (blood thinners), beta blockers (used to control blood pressure)

Other Medical Information:

_____

_____

BEAUTY REGIME

Please check all the products you use, below.

☐ Lash Growth Serum	☐ Waterproof Mascara/Reg. Mascara	☐ Eyeliner
☐ Eyelash Curler	☐ Oil-based Products (cream, removers, etc.)	☐ Contact Lenses

Please divulge any helpful information about your lashes:

_____

CONSENT FOR LASH & TINT

I UNDERSTAND/AGREE TO THE FOLLOWING COMPLETELY: (PLEASE INITIAL EACH STATEMENT)

___ I agree and consent to have an eyelash lift and/or eyelash tint procedure applied to my natural eyelashes and/or retouched.

___ I understand there are risks associated with having an eyelash lift or tint.

___ I understand that as a part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases, eye infection or blurriness may occur. I agree that if I experience any of these medical conditions with my lashes, I will contact my technician and consult a physician at my own expense.

___ I understand that even though my technician lifts the lashes using the proper technique, the instruments, tapes, cleansers, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care.

___ I understand and agree to the care instructions provided by my technician for the use and care of my lifted and/or tinted eyelashes.

___ I realize and accept the consequences or failure to adhere to the aftercare instructions may cause the eyelashes to not stay listed as long as told.

___ I understand and consent to having my eyes closed and covered for the duration of the 45-60min procedure

___ I release my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use.

___ I understand there are no guarantees for the length of time the lashes will stay lifted.

___ I understand aftercare instructions and will do my part to maintain my results.

___ I understand that there are many factors that may affect the life of the eyelash lift such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them:

_____ _____

Client Name (Please Print) Client Signature

_____ _____

Date Eyelash Technician

PHOTO/VIDEO CONSENT FORM

I, _____, hereby grant permission to the rights of my image, likeness and sound of my voice as recorded in audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties to other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographical area.

PHOTOGRAPHIC, AUDIO, OR VIDEO RECORDINGS MAY BE USED FOR THE FOLLOWING PURPOSED:

Educational presentations or courses
- Informational presentations
- Online educational courses
- Educational videos
- Promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in a public educational setting.

I will be consulted about the use of photographs or video recordings for any purpose other than those listed above.

- There is no time limit in the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio, or video recordings collected as a part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completly read and fully understand the above release and agree. I hereby release any and all claims against any person or orginization utilizing this material for educational purposes.

_____ _____

Client Name (Please Print) Client Signature

_____

Date