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| **Name:** | **Phone Number:** |
| **Email:** | |

Have you had eyelash extensions applied before? Y/N

If yes, why did you decide to remove them?

Are you allergic to acrylic? Y/N

Are you allergic to latex? Y/N

Do you have any known allergies? Y/N

If yes, please list them below.

Do you have frequent eye irritation, itching, or watering eyes? Y/N

Have you had eye surgery in or around your eyes in the last six months? Y/N

If yes, please consult your physician before you lash service.

Do you wear contact lenses? Y/N

Please note that contacts must be removed before your lash service.

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

* Eating Disorders or Poor Nutrition
* Chemotherapy
* Allergies
* Hypersensitivity
* Hormonal Imbalance
* Recent Childbirth (120 days)
* Extreme Stress
* Dry Eyes
* Thyroid Disease
* Eye Infection or Condition

The following drugs may cause premature lash loss, leading to dissatisfaction with you lash service. Please advise your Eyelash Extension Professional if you are taking any of the following:

* Cholesterol Lowering Drugs
* Parkinson’s Medications
* Ulcer Drugs
* Anticoagulants
* Antiarthritics
* Drugs Derived from Vitamin A
* Anticonvulsants (Epilepsy)
* Antidepressants
* Beta Blockers for HBP
* Blood Thinners

Please read the following statements and initial to confirm you have read, understand, and agree to the given information.

\_\_\_\_\_\_ I agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. I consent to the placement and removal of the of the eyelash extensions by the Certified Lash Professional.

\_\_\_\_\_\_ I understand that there are risks associated with having eyelash extensions applied to or removed from my natural eyelashes. I further understand that as part of the procedure, eye irritation, eye itching, and in rare cases, an eye infection can occur. I understand that if I experience any of these conditions, I will contact the Certified Lash Professional and have the extensions removed immediately at no cost to me, and I will consult with a physician at my own expense. I understand that although the Certified Lash Professional applies and/or removes the extensions using proper technique, the instruments, tapes, cleansers, eye pads, adhesives and removers used may irritate my eyes or require a physician’s follow-up care.

\_\_\_\_\_\_I understand and agree to the after-care instructions provided by the Certified Lash Professional. I realize and accept the consequences of failure to adhere to these instructions, as it may cause the eyelash extensions to shed prematurely, cause natural lash damage, and/or decrease the time the lashes will last. These after-care instructions include: Avoid waterproof mascara, do not use oil based products or oil based removers around the eyes, avoid water for at least 24 hours after the lash service, no picking, pulling, or rubbing the extensions, do not curl, trim, perm, or tint the eyelash extensions, and keep the extensions clean, dry, and brushed daily.

\_\_\_\_\_\_I agree to the following price and fill guidelines.

Full set: $\_\_\_\_\_\_\_

Fills should be performed every 2-3 weeks depending on my natural lash cycle. I will follow my lash professional’s suggestion for proper lash maintenance.

Two-week fill-in: $\_\_\_\_\_\_\_

Three-week fill in: $\_\_\_\_\_\_\_

Lash removal: TBD

\_\_\_\_\_\_ This agreement will remain in effect for this procedure and all future procedures conducted by the Certified Lash Professional. I understand this agreement is legal and binding. I am over 18 years of age and consent to the agreement and treatment.

I release my technician, Jasmine Atwater at Salon Couture Beauty Spa, from all liability associated with this procedure, which is preformed with the utmost attention to safety and proper application, using tools and products the technician has been properly trained to use. There is no guarantee for the bonding time of the eyelash extensions. I understand that there are many factors that may have affect in the life of the eyelash extensions, such as water, 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.