

Client Profile/Health History: Lash Extensions

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Birthday _____

Email: _____

Emergency Contact: _____ Phone: _____

*If you were referred by someone, please write her name: _____

List any allergies (include: cosmetics, ingredients, latex, adhesive tape, acrylics, animals, etc.): _____

Please list any medications and/or herbal supplements: _____

Do you have Asthma or any Respiratory (breathing) problems? YES NO

Are you allergic to Acrylate/Cyanoacrylate (bonding agent)? YES NO Don't Know

Do you wear contact lenses? YES NO Will you remove them (it is recommended)? YES NO

List any eye disease, condition or injury that has affected your hair or eyelash growth such as thyroid problems, alopecia, trichotillomania, etc.? _____

Do you have sensitive or chronic dry eyes? YES NO

**Please realize that sensitivity to touching of the orbital area (eye, eye lid, eyelashes, skin surrounding the eye) makes lashing much more difficult and the best results may be sacrificed because of it.

Do you have missing lashes or gaps between lashes? YES NO Don't know

Have you had prior eyelash extensions applied? YES NO If so, why did you stop wearing them? _____

Do you now or have you ever used a lash growing product (Latisse, Revitalash, Rapid Lash, Llash)? YES NO

How would you describe your lashes? Thin Short Weak Thick Long Wispy Curly Sparse Other: _____

How would you like your lashes to look? _____

Is there anything else your Lash Artist should know? _____

Initial ↓

	I understand that sleeping on my face, various product usage, and exposure to extreme weather conditions, steam, and saunas, as well as other activities may damage the adhesive or crimp the extensions and may require more frequent fills. I have received, reviewed, and understand the aftercare instructions and will do my part to help maintain my eyelash extensions.
	I understand that eyelash extensions require ongoing maintenance and that refill fees are based on time and/or the number of extensions that need to be replaced at the refill appointments. If I wait too long between re-lashes, I may need to pay for a new full set. If I no longer wish to wear the eyelash extensions, my technician will remove them, I will not attempt to remove them myself, and there may be a fee for the removal of the eyelash extensions.
	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, redness, swelling, blurry vision, and potential blindness should the adhesive enter the eye, should an allergic reaction occur, should the eye pad or tape become too close to the eye, or should I open my eyes during the procedure.
	I understand that while every attempt will be made to provide me the length and fullness I desire, my final result may not be what I initially envisioned and a refund will not be given after the completion of the procedure.
	I understand that is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making re-lash ("touch-up/fill") appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out. Most clients require a re-lash appointment every 2-3 weeks.
	I understand that it is imperative that I disclose all of the information requested in the Client Profile/Health History (pages 1 and 2 of this packet).
	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 some irritation like itching or burning may occur on the skin if the bonding agent comes in contact with it. I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water. I understand that these occurrences are always a risk and may occur even with the utmost care.
	I will seek medical care (at my own expense) and make Katie immediately aware if any allergic or adverse reaction occurs. All of my questions were answered and I understand the procedure and risks.
	I grant permission for Katie Peterson to use my before and after photos for business marketing purposes, advertising, promotional purposes, and/ or as examples of her work. (Before and after photos are a permanent part of Katie's records and you may opt out by not initialing.)
	I understand that additional conditions could occur or be discovered during or after the procedure which could affect my ability to tolerate the procedure, but no refunds will be issued once the process has been completed.

I have accurately answered all questions including allergies, prescription drugs, or products I am currently ingesting and/or using. In the event that I may have additional questions or concerns regarding my treatment, I will consult my lash extension artist immediately. I release Katie Peterson from any and all liability associated with this procedure. This procedure has many variables affected by lifestyle, moisture, weather, temperatures, natural eyelash shedding, and other factors. Katie will assess and decide if I am a candidate for this service to the best of her ability. No guarantees are made or implied. Risk is inherent. By signing below, I verify that I have read and understand the above statements (pages 1 and 2) and willingly agree to them. I do not hold the lash artist whose signature appears below, responsible for any of my conditions that were present, which may or may not have been disclosed at the time of this procedure and which may be affected by the treatment performed today.

Client Name (print): _____ **Date:** _____

Client Signature: _____

Artist Name: Katie Peterson _____ Date: _____