## **Client Evaluation Form for Lash Extensions**

Name:					<del>-</del>
Address:		Cit	y:	StateZip	):
Home/Cell Phone	:	E	mail:		
How did you hear	ontact you? Home of us? ease list any allergion			mail: gredients):	
Are you allergic to	o Acrylate/Cyanoa	crylate (bonding a	ngent)? Yes / No ,	/ Don't Know	
Have you ever had	d a reaction to adh	esive tape, topica	l creams, nail adh	esives, or other top	oical products? Ye
list all current me	eye disease, condit dications you are t	aking (including o	ver-the-counter h		r loss? Yes/No Plo
Have you ever had	d any of these con	ditions? (Please ci	rcle)		
Alopecia	Asthma	Back Pain	Blepharitis	Cancer/chemo	Claustrophobia
Conjunctivitis	Diabetes	Dry Eye	Eating Disorder	Hormonal Imbalance	Intense Stress
Light Sensitivity	Migraines	Rosacea	Sensitive Eyes	Stroke/ TIA	Thyroid Disease
Recent Eye Surgery	Currant eye irritation	Possible Pregnancy	Watery eyes		
	condition not listed are relevant to you Y			h. Please answer as	s fully as possible
Are you pregnant	or nursing?				
Do you wear conta					
Do you wear glass					
Do you use Retin-A or Accutane?  Do you go tanning?					
Have you had facial treatments?					
Have you had Botox or injections?					
Do you use Latisse or lash growth products?					
•	u most often sleep eel your hair grow			<del></del>	
Is there anything	else we should kno	ow about?			

application, please be aware of t	he following	information and p	ossible risks. Please initial:		
			of irritation to the orbital eye area, including the eye itself, and could e or should an allergic reaction occur.		
I understand that some irritation	n, itching or bu	urning may occur on	the skin if the bonding agent comes into contact with it.		
I understand that if the bonding seeking medical attention immediate	_	into contact with my	y eye, my eye will be flushed with water and I will be assisted in		
			ral lashes will continue to grow and fall out normally, making touch- ved by replacing the lashes that have fallen out. Most clients require		
I understand that it is imperative	that I disclos	e all of the informat	ion requested in the Client Profile/Health History.		
I have cited all conditions and citor medications.	rcumstances r	egarding my health	history, medications being taken, and any past reactions to products		
I understand that additional conprocedure.	ditions could	occur or be discover	red during the procedure which could affect my ability to tolerate the		
I consent to "before and after" p	oictures for th	e purpose of docum	entation, potential advertising and promotional purposes. 🔭		
from this treatment. I have accurate currently ingesting or using topically reactions as much as possible. In the extension specialist immediately. I addisclosures. I certify that I have read to have any questions answered. I usignature appears below, responsible may be affected by the treatment per	ly answered the standard ovent I may have that this and fully understand the efor any of merformed today.	he questions above, my lash extension s nave additional ques constitutes full discl lerstand, the above procedure and acce y conditions that we	wher staff harmless and nameless from any liability that may result including all known allergies, prescription drugs, or products I am specialist will take every precaution to minimize or eliminate negative stions or concerns regarding my treatment, I will consult the lash cosure, and that it supersedes any previous verbal or written paragraphs and that I have had sufficient opportunity for discussion ept the risks. I do not hold the lash extension specialist, whose ere present, but not disclosed at the time of this procedure, which		
Client Name (Signature)					
Lash extension specialist:			Date:		
Date	Fee	Service	Curl W. L. V. Notes		
		Full Fill	Removal		
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			
		Full Fill			

Although every precaution will be taken to ensure your safety and wellbeing before, during and after your lash extension