EYELASH EXTENSIONS INTAKE & CONSENT FORM

Client Information:

Name: _____ Date: _____/_____/_____

Address: _____ Birthday: _____/____/_____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____ Occupation: _____

How did you hear about us? ❑ Website ❑ Web search ❑ Social: _____ ❑ Friend: _____
Is this the first time you have had lash extensions applied? ❑ Yes ❑ No
If no, where have you had them applied? _____
Are you having lash extensions applied for: ❑ Special occasion ❑ Daily wear
Do you wear contact lenses? ❑ Yes ❑ No * If yes, removal is recommended
Do you habitually rub, pull, or pick your lashes for any reason? ❑ Yes ❑ No
Do you have, or are you being treated for any eye illness or injury? ❑ Yes ❑ No
Are you able to keep your eyes closed and lie still for up to 2 hours or longer? ❑ Yes ❑ No

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

❑ Lasik Eye Surgery
❑ Dry Eye
❑ Seasonal Allergies
❑ Allergies to adhesives or synthetics
❑ Childbirth within last 120 days
❑ Alopecia
❑ Hypersensitivity to cyanoacrylate or formaldehyde
❑ Hormonal imbalance or extreme stress
❑ Chemotherapeutic agents used in cancer treatment
❑ Drugs that cause temp. hair loss: _____

***Note: Your privacy is important to us. We will not sell or share your personal information with third parties, unless required by law.**

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***Please Initial**

_____ I understand that this procedure requires:

❑ synthetic eyelashes to be glued on to my own natural eyelashes using the very precise application of placing an extension (classic individual or volume fan) on a single natural eyelash …… OR

❑ lifting solution and/or tint applied to my own natural eyelashes,

and it's my responsibility to **keep my eyes closed** and be still during the entire procedure. Please no company during appt.

_____ I am informed of potentially harmful or negative side effects that may be caused by the application or removal and release the Lash Technician, Olivia Berry from all liability associated with this procedure.

_____ I understand that some risks of this procedure may result in, but not limited to, eye redness and irritation. The products used may release fumes and can cause my eyes to water. If any unusual symptoms, injury or allergy is suspected, all future appointments will cease until cleared by your physician.

_____ I agree to disclose medical conditions including skin conditions and/or any allergies that I may have to latex, surgical tapes, cyanoacrylate, etc. If yes, list:_____

_____ During the first 24 hours following every lash procedure/application, I agree to avoid: wetting the lashes, swimming pools, steam from showers, saunas and tanning beds. While wearing extensions, I will follow the aftercare instructions given to me, especially, daily cleansing.

_____ I understand that no refunds will be issued on services, exchanges are made on defective items only.

_____ If I need to cancel any of my appointments, I will inform you ASAP. If I give less than a 24-hr. notice, and/or agree to pay a rescheduling fee or if no call/no-show (50% of service).

_____ Arriving late will reduce the time of service. If I am more than 15 minutes late, I understand my appointment may need to be rescheduled and will be subject to the no-show fee above.

_____ If I schedule for a fill, at least 50% of extensions per eye should be in place at the time of my appointment. If there are less than 50% or after 30 days since last service, a custom price or full set will be required.

_____ I agree to show up to my appointment without any eye makeup. If I do, it will need to be removed. Extension application time is reduced due to time spent on removing makeup.

_____ I give permission to O Lashes LLC to show my before and after photos and/or videos to other potential clients (e.g. Facebook, Instagram, website, etc.) **Please mark**: ❑Yes ❑No

_____ I consent to having a text message and/or email reminder 24-48 hours before appointment (if so, please make sure cell phone number is provided.) Preferred correspondence: ❑Phone/Text ❑Email

_____ I understand O Lashes LLC reserves the right to refuse service to anyone at any time for any reason.

_____ I have been offered a patch test and ❑ patch test was performed ❑ I decline a patch test.

_____ I confirm and agree that I wish to engage the services of the Lash Technician, Olivia Berry.

Client Signature: _____ Date: _____

Client Name (Print): _____

Parent / Guardian (if under 18 years): _____ Date: _____

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