

CLIENT INFORMATION:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Your Certified Lavish Lashes® Specialist is: _____ Appointment Date and Time: _____ Location of Service: _____
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How did you hear about us?
 Lavish Lashes Website
 Advertisement
 Google/web search
 Friend
 Other: _____

Have you had eyelash extensions applied before?
 Yes
 No
 What brand was used? _____

Please indicate if you have recently worn or frequently wear any of the following types of lashes?
 individual
 strip
 flare
 eyelash extensions

Do you:
 curl
 perm -or-
 tint your lashes?
 No

Are you having lash extensions applied for:
 a special occasion -or-
 daily wear

Are you:
 from the area
 just visiting

Do you wear contacts?
 Yes
 No
Do you wear glasses?
 Yes
 No

Please check off any of the following that may apply to you within the last 6 months:
Generally relating to the eye:

- Lasik eye surgery
- Eye illness or injury

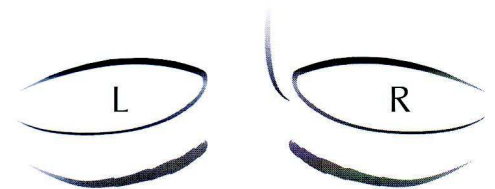
Generally relating to the skin:

- Permanent eye make-up
- Blepharoplasty (eye-lift)
- Blepharitis (inflammation of eyelids)
- Allergies to adhesives found in bandaids or medical tape
- Allergies to cyanoacrylate adhesives (i.e. surgical glue, nail glue, crazy glue) or hypersensitivity to formaldehyde (a by-product released in such adhesives)
- Retinoids used to treat acne and skin problems (such as Accutane or Retin A)

Generally relating to eyelashes:

- Hormone imbalance or extreme stress
- Recent severe illness or major injury
- Pregnancy and/or recent childbirth
- New prescription 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)

Sketch of existing lash line and proposed design



I understand that the items I have checked above may increase the risks involved in having eyelashes applied and/or removed and do hereby give my consent for the procedure:

Client Signature

Date