



CLIENT LASH LIFT & BROW LAMINATION/ LASH & BROW TINT FORM

Date :



CLIENT LASH/BROW TINT INTAKE FORM

First Name :

Phone : Date Of Birth :
D D M M Y Y

Full Address :

City/State : Postal Code :

E-Mail : City / Country :

How did You Hear About US : Referral :

Type of Service : Lash Lift Lash tint Brow Lamination Brow Tint Brow Wax Today



HEALTH HISTORY

Cancer (Skin or Other)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Infection (Virus, Bacteria)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Eye Disorders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Autoimmune Disease (lupus, RA, MS etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic Pain (Migraine, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck/Back Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hormone Issues (Menopause)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Problems/ Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Allergies (Please List)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>		

Explanation/Further Details: _____



SKIN HISTORY

- Recent surgery (general) the last 6 months? Yes No
- Recent cosmetic surgery the last 6 months? Yes No
- Recent cosmetic injections (Botox, Fillers, etc.) ? Yes No
- Recent hair removal ? (Waxing, Laser, Electrolysis) Yes No
- Are you under a doctors care for skin issues? Yes No
- Laser Treatments/IPL within the last month? Yes No
- Chemical peels within the last month? Yes No
- Recent sunburn? Yes No



DAILY MEDICATIONS

- Antibiotic Antidepressant Diabetes Thyroid
- Sleep/Anxiety Pain/NSAIDS Heart/Blood Pressure Anti-Androgen
- Hormones Skin Disease Other:



LASH & BROW TINT

- Have you ever had your eyelashes and/or brows tinted? Yes No
- Have you ever had an adverse reaction to hair color? Yes No

Although every precaution will be made to ensure your safety and well-being before, during and after your tinting application, please be aware of the possible risk below. Please initial:

- _____ I understand that tinting eyelashes or eyebrows has some inherent risk or irritation to the orbital area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.
- _____ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.
- _____ I understand that some irritation, itching or burning may occur to the skin that comes in contact with the tinting agent.
- _____ I understand that there may be some residual dark staining left on the skin following the tinting process of either my eyelashes, eyebrows or both. This will fade and go away within a short time.
- _____ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.
- _____ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.



LASH LIFT & BROW LAMINATION

Have you ever had your eyelashes and/or brows permed?

Yes No

Have you ever had an adverse reaction to perm solution?

Yes No

Although every precaution will be made to ensure your safety and well-being before, during and after your perming application, please be aware of the possible risk below. Please initial:

_____ I understand that perming the eyelashes or eyebrows has some inherent risk or irritation to the orbital area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the perming solution enter into the eye.

_____ I understand that if the perming solution(s), neutralizer or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

_____ I understand that some irritation, itching or burning may occur to the skin that comes in contact with the perming solutions.

_____ I understand that there may be some irritation on the skin following the perming process of either my eyelashes, eyebrows or both. This will go away within a short time.

_____ I understand that, while every attempt will be made to provide me with my chosen curl, everyone's hair absorbs the perming solution differently and my final results may not be the curl I initially wanted.

_____ I understand that over the course of several weeks, the curl will gradually grow out and weaken. Re-perming will be required to keep the curl fresh. Most clients need to re-perm every 6-8 weeks.

FUTURE APPOINTMENTS/CONTACT

May I call you at your phone number to confirm future appointments?

Yes No

May I text you to confirm?

Yes No

May I contact you via mail/email about future promotions and news?

Yes No

SERVICE CONSENT

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes and previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin or eye area from treatments received. I understand the appointment cancellation policy. The treatments I receive here are voluntary, and I release this institution and/or skin care professional/ lash technician from liability and assume full responsibility thereof.

Client Signature: _____

Date: _____