

CLIENT INTAKE FORM

EYELASH EXTENSIONS



GENERAL INFORMATION

Name: _____ DOB ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

How did you hear about us? _____

EYELASH EXTENSION HISTORY

Is this the first time you have had lash extensions applied? Yes ☐ No ☐

If no, were they applied by a professional previously? Yes ☐ No ☐

Where were they applied previously? _____

Do you use any of the following products on your eyelashes?

Mascara Yes ☐ No ☐

Lash Serum Yes ☐ No ☐

Do you do any of the following to your lashes?

Curl Yes ☐ No ☐

Perm Yes ☐ No ☐

Tint Yes ☐ No ☐

Other: _____ Yes ☐ No ☐

Do you wear glasses? Yes ☐ No ☐

Do you wear contact lenses? Yes ☐ No ☐

Do you have frequent eye irritation itching, or watery eyes? Yes ☐ No ☐

Are you or could you be pregnant? Yes ☐ No ☐

Do you have, or are you being treated for any kind of eye injury? Yes ☐ No ☐

If yes, please explain: _____

_____ I understand and consent to have my eyes closed and covered for the duration of an approximately 60-150 minute procedure. I understand that times may vary depending on the type and number of eyelashes applied.

_____ I am informing the certified eyelash extension professional of the following conditions that apply to me (check all that apply):

- ☐ I currently use contact lenses (which I may be asked to remove during the procedure)
- ☐ I currently use products such as oil-containing sunscreen or moisturizers around my eyes
- ☐ I currently use eye drops
- ☐ I have allergies or sensitivities I have a history of recurrent eye or tear duct infections
- ☐ I have a history of dry eyes or Sjogren's Syndrome
- ☐ I have a recent history of Chemotherapy
- ☐ I have other medical conditions which would prohibit or compromise placement and retention of eyelash extensions

_____ I agree to the following eyelash extension follow-up and maintenance instructions:

- ☐ No waterproof mascara
- ☐ No oil-based products around the eye area
- ☐ No water can come in contact with the eye area for 24 hours after the application
- ☐ No tinting or perming of eyelash extensions
- ☐ No pulling or rubbing of the eyelash extensions
- ☐ Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the eyelash extension application procedure.

Name Printed

Signature

Date

Technician Name

Signature

Date

Are you allergic to any of the following?

Acrylic	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Latex	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are you currently taking any medications or supplements? Yes ☐ No ☐

If yes, please explain: _ _ _ _ _

Do you have any of the following conditions? (Please check all that apply)

<input type="checkbox"/> Alopecia	<input type="checkbox"/> Cancer	<input type="checkbox"/> Cataract
<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dry Eyes
<input type="checkbox"/> Eczema	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Psoriasis Around the Eyes
<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Recent Eye Infection	<input type="checkbox"/> Sensitive Eyes

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date

CLIENT WAIVER CONSENT FORM

I _____ agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and/or removal of the eyelash extensions by the certified eyelash extension professional.

Although every precaution will be taken to ensure my safety and wellbeing before, during and after my lash extension application, I am aware of the following information and possible risks. Please initial:

_____ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer.

_____ 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 and burning, blurry vision and potential blindness should the adhesive enter the eye or should an allergic reaction occur.

_____ I understand that some irritation, itching, or burning may occur on the skin if the bonding agent comes into contact with it.

_____ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water and I will be assisted in seeking medical attention immediately.

_____ I understand that this is a semi-permanent procedure, as my natural lashes will continue to grow and fall out normally, making touch-up or "fill" appointments necessary to maintain the original look achieved by replacing the lashes that have fallen out.

_____ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.

_____ I understand that it is imperative that I disclose all of the information requested on the Client Intake Form.

_____ 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 additional conditions could occur or be discovered during the procedure which could affect my ability to tolerate the procedure.

_____ I consent to "before and after" photographs for the purpose of documentation, potential advertising, and promotional purposes.

_____ I agree that if I experience any ill effects with my lashes that I will contact the certified eyelash extension professional that performed this procedure.

_____ I understand that if I experience ill effects it may be beneficial to have the eyelashes removed.

_____ I understand and agree to the after-care instructions provided by the certified eyelash extension professional for the use and care of my eyelash extensions. I realize and accept the consequences of failure to adhere to these instructions and I understand that it may cause the eyelash extensions to fall out and/or decrease the time the lashes will last.

**** I understand if I come to my fill appointment with less than 40% of lash extensions on it will be a result of being charge for a full new set. ****

WAIVER CONSENT FORM

PATCH TEST & ALLERGIC REACTIONS

I, _____ am aware that it is my responsibility to request a patch test prior to my appointment (a patch test is performed 24 to 48 hours prior to your appointment). If I do not request a patch test prior to my appointment and if I do have an allergic reaction, Lash Chance Beauty, LLC will not be liable since Lash Chance Beauty, LLC gave me the option to request a patch test and it is my responsibility if I have any allergic reactions to the products/service.

I, _____ would like to request a patch test.

I, _____ DO NOT want a patch test done.

I, _____ am aware that LASH CHANCE BEAUTY, LLC is not liable for any allergic reaction I may develop during/after the service is performed, and there will be no refunds, even if a Patch Test is performed.

How a patch test is performed for either Lash Lift + Tint or Eyelash Extensions and/or Brow Lamination:

Lash Lift + Tint and/or Brow Lamination:

You will come into studio 24 to 48 hours prior to your appointment and your artist will place a small amount of product in the inside area of your forearm where your elbow crease is or behind your ear. Then they will wipe product off and you will be done. Within the 24 to 48 hours if you do not develop any redness or itchiness/irritation in the area the product was placed you should be in the clear for your service.

Eyelash Extensions:

You will come into studio 24 to 48 hours prior to your appointment and your artist will place a few eyelash extensions (short ones) on each eye and you will be done. Within the 24 to 48 hours if you do not develop any redness or itchiness/irritation in each eye you should be in the clear for your service.

Name Printed

Signature

Date

PHOTOGRAPH AND VIDEO RELEASE FORM

EYELASH EXTENSIONS

PLEASE CHECK THE RELEVANT BOXE(S)

I understand that Lash Chance Beauty, LLC will take photos before and after the service is complete.

- ☐ I give permission for my photograph(s) to be used within the salon for display/ educational purposes.
- ☐ I give permission for my photograph(s) to be used within other printed publications.
- ☐ I give permission for my photograph(s) to be used on the salon's social media page and/or website.
- ☐ I do not want my photograph taken.

Photographs taken on ____/____/____

I hereby grants permission to the rights of my image and video without payment or any other consideration. I understand that my image may be edited, copied, exhibit, published and waive the right to inspect or approve the finished product. I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be use in diverse educational settings within an unrestricted geographic area.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

Name Printed

Signature

Date



POLICIES AND FEES

CANCELLATION AND NO SHOWS

Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 24 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at 631-449-3972.

ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.

LATE ARRIVALS

We understand that sometimes being late is out of control but please keep in mind that showing up late will affect the time of your service. Our client's time is value and so is ours, we try our best to accommodate late arrivals by performing the most complete treatment possible in the time remaining. Unfortunately arriving too late to perform a service will result in cancellation and the associated cancelled fee.

We recognize the time of our clients and artist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the potential business of other clients who could have scheduled an appointment for the same time.

REFUNDS AND CLIENT'S SATISFACTION

Due to the nature of our service there are no refunds on any services. Please contact us within 72 hours of our service with any problems and/or concerns you have regarding your service. We feel that every client deserves the highest level of satisfaction. Should you not be satisfied please let us know immediately and we will discuss a solution.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

Name Printed

Signature

Date