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## EYELASH LIFT & TINT CLIENT INFORMATION FORM

APPOINTMENT DATE

APPOINTMENT TIME

FULL NAME

ADDRESS

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

PHONE

EMAIL ADDRESS

DATE OF BIRTH (DD/MM/YYYY)

CURRENT AGE

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Have you ever had a Lash Perm (Lash Lift)?  
If YES, when did you have your last lash perm/lift?

yes  no

\_\_\_\_\_

If YES, was it a good experience?  
If NO, please describe:

yes  no

Have you had a lash/brow tint before?

yes  no

If YES, did you experience any reaction to the tint?  
If YES, please describe:

yes  no

\_\_\_\_\_

Which best describes the look you would like to achieve for your lashes?

Fully Lifted  In Between  Soft Natural Curl

## CLIENT INFORMATION *Continued*

For a more effective, personalized treatment, please be as accurate as possible when filling out the following information

**PLEASE CHECK ANY OF THE FOLLOWING THAT MAY APPLY TO YOU:**

### RELATING TO THE EYE

- Eye surgery
- Eye illness or injury
- Dry eyes
- Seasonal allergies
- Eye infection
- Permanent eye make-up
- Blepharoplasty
- Blepharitis (inflammation of eyelids)
- Allergies to adhesives found in band-aids or medical tape
- Allergies to preservatives in saline solutions
- Sensitivity or claustrophobia when your eyes are closed for long periods of time
- Retinoids used to treat acne and skin problems (such as accutane or retin a)

### GENERALLY RELATING TO EYELASHES

- Hormone imbalance
- Recent severe illness or injury
- Pregnancy or recent childbirth
- New prescriptions 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)

Other Medical Information:

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## BEAUTY REGIMEN

Please check all of the below products you use:

- Lash Growth Serum
- Waterproof Mascara / Regular Mascara
- Eyeliner
- Eyelash Curler
- Oil-Based Products (creams, removers, etc)
- Contact Lenses

Please describe any helpful information about your lashes.

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# CONSENT FOR LASH LIFT & TINT

I UNDERSTAND / AGREE TO THE FOLLOWING COMPLETELY: (PLEASE INITIAL EACH STATEMENT)

\_\_\_\_\_ I agree to have an eyelash lift (perm) and/or eyelash tint applied to my natural eyelashes and/or retouched.

\_\_\_\_\_ I consent to the procedure of an eyelash perm/lift or eyelash tint.

\_\_\_\_\_ I understand there are risks associated with having an eyelash perm and/or eyelash tint.

\_\_\_\_\_ I understand that as part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact my technician and consult a physician at my own expense.

\_\_\_\_\_ I understand that even though my technician lifts/perms the lashes using the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may irritate my eyes or require a physician's follow-up care.

\_\_\_\_\_ I understand and agree to the care instructions provided by my technician for the use and care of my permed and/or tinted eyelashes.

\_\_\_\_\_ I realize and accept the consequences of failure to adhere to the aftercare instructions may cause the eyelashes to not stay permed as long as told.

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the 45-60 minute procedure.

\_\_\_\_\_ I release my technician from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use.

\_\_\_\_\_ I understand there are no guarantees for length of time the lashes will stay permed.

\_\_\_\_\_ I understand the aftercare instructions and will do my part to maintain my results.

\_\_\_\_\_ I understand that there are many factors that may affect the life of the eyelash lift such as water and moisture contact, weather conditions, and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Day/Month/Year

\_\_\_\_\_  
Eyelash Technician

# PHOTO/VIDEO CONSENT FORM

I, \_\_\_\_\_, hereby grant permission to the rights of my image, likeness and sound of my voice as recorded in audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, 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 used in diverse educational settings within an unrestricted geographic area.

## PHOTOGRAPHIC, AUDIO, OR VIDEO RECORDINGS MAY BE USED FOR THE FOLLOWING PURPOSES:

- Educational presentations or courses
- Informational presentations
- Online educational courses
- Educational videos
- Promotional materials

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in the public educational setting.

- I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above.
- There is no time limited in the validity of this release nor is there any geographic limitation on where these materials may be distributed.
- This release applies to photographic, audio, or video recordings collected as part of the sessions listed on this document only.

**By signing this form, I acknowledge that I have completely read and fully understand the above release and agree. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.**

CLIENT'S NAME (please print) : \_\_\_\_\_ CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# FOR PROFESSIONAL USE

## CLIENT EYELASH LIFT & TINT

CLIENT FULL NAME

CURL TYPE

Fully Lifted    In Between    Soft Natural Curl

CLIENT EYE SHAPE

Round    Thin    Oval    Deep Set

ROD / SILICON PAD SIZE

Small    (Medium (M))    Large (L)    X-Large (XL)

LIFT TREATMENT TIME (IN MINUTES) \_\_\_\_\_

NATURAL LASH COLOR

Blonde    Black    Red    Brown

LASH TINT COLOR

  

TINT TREATMENT TIME (IN MINUTES) \_\_\_\_\_

FOLLOW UP: (IRRITATION, LOSS OF CURL ETC)

ADDITIONAL NOTES:

PRICING

LASH LIFT: \_\_\_\_\_

TINT: \_\_\_\_\_

OTHER: \_\_\_\_\_

SPECIAL PRICING  
(RETURNING CUSTOMER DISCOUNT  
IF APPLICABLE)

\_\_\_\_\_





