



LASH LIFT & BROW TINT CLIENT INTAKE FORM

General Information

Name _____ Birthday _____
Address _____
City _____ State _____ Zip Code _____
Phone # _____ Email _____
Occupation _____
Emergency Contact Name _____ Phone # _____
Would you like to be added to our email list for specials and discounts? ☐ Yes ☐ No
How did you hear about us? _____

Lash Lift & Brow Tint Extension History

Have you ever had your brows or lashes tinted? ☐ Yes ☐ No
If yes, have you ever had an adverse reaction? ☐ Yes ☐ No
If yes, please explain: _____
Have you used hair color before? ☐ Yes ☐ No
Have you ever had an allergic reaction to hair color? ☐ Yes ☐ No
If yes, please explain: _____
Do you use any of the following products on your eyelashes?
Mascara ☐ Yes ☐ No
Lash Serum ☐ Yes ☐ No

Medical History

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: _____
Do you have any allergies? ☐ Yes ☐ No
If yes, please explain: _____
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"/> Lupus |
| <input type="checkbox"/> Psoriasis Around the Eyes | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Recent Eye |
| <input type="checkbox"/> Sensitive Eyes | Other: _____ | Infection? |

Please list any illness or condition you are currently being treated by a physician for:

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





Lash Lift/Tint and Brow Tint Consent Form

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

_____ I understand that tinting/perming lashes or brows has some inherent risk of irritation to the orbital eye 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 which 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 lashes, brows 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.

_____ 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 or brows that I will contact the technician that performed this procedure.

_____ I understand and consent to having my eyes closed and covered for the duration of the procedure.

_____ I understand and agree to the after-care instructions provided by the technician. I realize and accept the consequences of failure to adhere to these instructions.

_____ I am informing the technician 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.

This agreement will remain in effect for this procedure and all future follow-ups conducted by the technician. 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 lash lift/tint and/or brow tint procedure.

| | | |
|-----------------|----------------------|-------|
| Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Technician Name | Technician Signature | Date |
| _____ | _____ | _____ |

