

# EYELASH EXTENSION

## Consultation Form



### CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  NB

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Would like to be added to to our email list for news and exclusive offers?  Yes  No

### EYELASH HEALTH & MEDICAL HISTORY

Have you ever experienced an allergic reaction to lash extension products or adhesives in the past?

No  Yes If yes, please state: \_\_\_\_\_

Do you have any eye conditions, infections, or sensitivities that may impact the application of lash extensions?

No  Yes If yes, please state: \_\_\_\_\_

Are you currently undergoing any medical treatments or taking medications that could affect the eye area?

No  Yes If yes, please state: \_\_\_\_\_

Have you had any eye surgeries or procedures in the last six months?

No  Yes If yes, please state: \_\_\_\_\_

### NATURAL LASH HEALTH:

Describe the condition of your natural lashes (e.g., length, thickness, and any areas of concern).

Have you used eyelash growth serums or products on your natural lashes in the past? If yes, please provide details.

## LASH EXTENSION PREFERENCES:

What type of lash extensions are you interested in? (e.g., classic, volume, hybrid, etc.)

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What lash length and curl level do you prefer?

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Do you have any specific design or style preferences for your lash extensions?

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## LASH HISTORY:

Have you had eyelash extensions applied in the past? If yes, when was your last appointment?

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Have you experienced any issues or concerns with previous lash extensions?

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## CLIENT EXPECTATIONS:

What are your expectations for the lash extension service?

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Do you have any specific concerns or questions about the lash extension process?

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### **Consent and Agreement:**

*I, the undersigned client, hereby consent to receive the lash extension service as agreed upon with the lash technician. I understand that the application process involves the use of adhesive and that individual lash extensions will be applied to my natural lashes.*

*I acknowledge that I have provided accurate and truthful information about my eye health, medical history, and lash preferences. I understand that there may be potential risks associated with lash extensions, and I have had the opportunity to ask any questions.*

*I agree to follow the aftercare instructions provided by the lash technician to ensure the longevity and safety of the lash extensions.*

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CLIENT NAME

CLIENT SIGNATURE

DATE