

# Client Health History: Lash Extensions



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

How should we contact you? (check one) Home/Cell Phone: \_\_\_\_ Work Phone: \_\_\_\_ Email: \_\_\_\_

When is the best time to contact you? (check one) \_\_ Morning \_\_ Daytime \_\_ Evening

How did you hear of us? \_\_\_\_\_ Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Health History

Please list any allergies you have (including cosmetics/ingredients): \_\_\_\_\_

Are you allergic to Acrylate/Cyanocrylate (bonding agent)? Yes/No/Don't Know

Have you ever had a reaction to adhesive tape, topical creams, nail adhesives, or other topical products? Yes/No

Do you have any eye disease, condition or injury that has affected your hair/lash growth or loss? Yes/No

Please list all current medications you are taking (including over-the-counter herbs, vitamins and supplements): \_\_\_\_\_

### Have you ever had any of these conditions? (Please circle)

Alopecia	Asthma	Back pain or back injury	Bell's Palsy	Blepharitis	Claustrophobia
Cold Sores	Conjunctivitis (pink eye)	Diabetes	Dry Eye Syndrome	Eye Sties or Sores	Herpes of the Eye
Intense Stress	Leamy eye	Light Sensitivity	Migraines	Ocular Rosacea	Rosacea
Sensitive Eyes	Stroke/TIA	Thyroid Disease	Trichotillomania	Recent Eye Surgery	Current Eye Irritation

Any other health condition not listed: \_\_\_\_\_

Client Health History: Lash Extensions continued

**These questions are relevant to your hair growth, and overall hair health. Please answer as fully as possible.**

Question	Y	N	Details <i>If applicable</i>	Adverse Reactions? <i>If applicable</i>
Are you pregnant or nursing?				
Do you wear contacts?				
Do you wear glasses?				
Have you ever had lash extensions?				
Have you ever had lash extensions removed?				
Have you ever used long lasting or waterproof cosmetics?				
Do you use Retin-A or Accutane?				
Do you go tanning (in salon, outdoor, or spray tan)?				
Have you had facial treatments?				
Have you ever had Botox®, Juvederm®, or any other injectables?				
Have you ever used Latisse® or any other lash growing product?				

Which side do you most often sleep on? \_\_Right \_\_Left \_\_Stomach \_\_Back

How fast do you feel your hair grows? \_\_Fast \_\_Slow \_\_Normal Rate

Is there anything else we should know about?\_\_\_\_\_

\_\_\_\_\_

## Informed Consent: Lash Extensions



*Although every precaution will be taken to ensure your safety and wellbeing before, during and after your lash extension application, please be 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. Most clients require a fill appointment every 2-3 weeks.

\_\_\_ 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 in the Client Profile/Health History.

\_\_\_ 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 understand that if I have any concerns, I will address these with my lash extension specialist. I give permission to my lash extension specialist to perform the lash extension procedure we have discussed, and will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my lash extension specialist will take every precaution to minimize or eliminate negative reactions as much as possible. In the event I may have additional questions or concerns regarding my treatment, I will consult the lash extension specialist immediately. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the lash extension specialist, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this procedure, which may be affected by the treatment performed today.

Client Name (Printed) \_\_\_\_\_

Client Name (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

Lash extension specialist Cindy Gold \_\_\_\_\_



Your lash extensions are attached to your own individual eyelashes, and will shed as your natural lashes shed. Maintaining your lash extensions will require regular visits to attach new extensions (fill-in) to your own eyelashes as your eyelash growth cycle regenerates new lashes.

With a few simple care instructions you will be on your way to enjoying your luscious long lashes. To increase the longevity of your lashes, it is advised to avoid moisture and touching as much as possible.

### **Before your appointment**

- If you use waterproof mascara, avoid using it 2-3 days before your first appointment. The film it leaves on your lashes may prevent the extensions from adhering correctly.
- Arrive to your appointment with dry, clean lashes and makeup-free eyes.
- Remove contact lenses before your appointment.

### **During the initial 24-48 hours after your appointment**

*Do not get your lashes wet for 24 hours after the lash extensions are applied. It will affect the efficacy of the glue.*

- Avoid steam from showers, facials, saunas and swimming pools.
- Avoid getting moisture around the eye area when washing face, showering etc.
- Avoid tanning beds for 48 hours after application.
- Avoid chemical peels, waxing or laser treatments around the eyes.

### **General guidelines to extend the life of your lashes**

- Avoid using oil-based skincare and makeup products around the eye, including mascara and makeup remover.
- Avoid waterproof mascara. If you can, it is better not to use any mascara at all. You may find you don't even need it!
- Avoid running water over your face. Moisture will break down the bond of the glue.
- Avoid rubbing your eyes or lashes, especially when washing your face. It is recommended to clean around the eye area with a washcloth or cotton swab (Q-tip).
- Avoid using an eyelash curler. One of the benefits of lash extensions is the ability to add curl to your lashes. If you would like more curl, please speak to your technician.
- If you can, sleep on your back to avoid the risk of lashes rubbing against your pillow.
- Gently brush your lashes with a mascara wand to groom them. The best time to do this is after showering, as they will be softer and less likely to damage.
- Avoid pulling your lashes, and do not attempt to remove them yourself. If you would like them removed, please contact your technician.

If you experience any pain, redness or irritation, contact your technician immediately.