



Lash Extensions Pre and Post Care

SECTION 1: MEDICAL HISTORY FORM/HEALTH QUESTIONNAIRE

Date _____ Birth Date _____ Age _____ DL or ID# _____
 Name: _____
 Address: _____ City _____ State _____ Zip _____
 Phone # _____ Email _____
 Emergency contact person _____ Phone# _____

Have you had any of the following procedures, suffer from the following diseases/conditions, or are taking any of these medications? (Circle YES or NO)

YES/NO	Accutane/Retin-A	YES/NO	Diabetes
YES/NO	Allergies/Watery Eyes	YES/NO	Food/drug allergies
YES/NO	Allergies to Latex or Acrylic Nails	YES/NO	Retinopathy
YES/NO	Allergies to Preservatives in Saline Solutions	YES/NO	Eczema/Psoriasis
YES/NO	Allergies to Adhesive tape	YES/NO	Extremely Oily Skin
YES/NO	Alopecia	YES/NO	Glaucoma
YES/NO	Blepharitis	YES/NO	Light Sensitivity
YES/NO	Blepharoplasty	YES/NO	Irritated or Broken Skin
YES/NO	Cataract	YES/NO	Madarosis (lash loss)
YES/NO	Cataract Surgery	YES/NO	Lasik Eye Surgery
YES/NO	Claustrophobia	YES/NO	Permanent Makeup
YES/NO	Conjunctivitis/ Pink Eye/Sty	YES/NO	Pregnant/Breast Feeding
YES/NO	Contact Lenses	YES/NO	Did you in the last 14 days undergo medical treatment to the eye, lids, or ducts?
YES/NO	Chemotherapy/Radiation within the past 6 months?	YES/NO	Recent Chemical Peels
YES/NO	Compulsive Eyelash Pulling/Trichotillomania	YES/NO	Sensitive Skin
YES/NO	Dry Eye Syndrome/Sjorgen's Syndrome	YES/NO	Do you wear contacts?
		YES/NO	Do you wear glasses?

SECTION 2: BEAUTY TREATMENT HISTORY/QUESTIONNAIRE SECTION 2: BEAUTY TREATMENT HISTORY/QUESTIONNAIRE

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

Are you allergic to Acrylate/Cyanoacrylate (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 had lash extensions before? **YES/NO**



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If YES, did you experience any type of reaction? _____

If YES, when did you have lash extensions? _____

Was it a good experience? **YES/NO**

If NO, please describe: _____

Have you ever had lash extensions removed? _____

Which side do you most often sleep on? __Right __Left __Stomach __Back

How fast do you feel your hair grows? __Fast __Slow __Normal Rate

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

Natural Natural with Length Full/Dense Full with Length

Have you ever used strip lashes or received lash extensions and experienced burning, swelling, itching of eyes/lids?
YES/NO

Are you currently receiving treatment(s) for an eye injury or illness? **YES/NO**

Please list any medications or drops (prescription and over-the-counter) that you are using:

Please list any CURRENT/RECENT Medical Treatments: (within the past 6 months).

Is there anything else we should know about? _____

Beauty Products (please Circle all that apply)

Lash Growth Treatment/Serum Waterproof Mascara Eyelash Curler
Oil-based products (including sunblock, eye creams, mascara, eyeliner and make-up remover)

Please describe any helpful information about your lashes.

YES/NO I wear MASCARA

YES/NO I wear EYELINER



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SECTION 3: PATCH TEST CONSENT & AGREEMENT

There are a small number of individuals who may have an allergic reaction to the glue (Acrylate/Cyanoacrylate (bonding agent)). It is only in rare situations that the reaction can be severe. If you've ever gotten a rash from an allergic reaction.

_____ I request that my eyelashes and/or eyebrows be treated with Lash Extension Products. I also request and consent to this/these procedure(s) being carried out **WITHOUT** undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the product(s).

OR

_____ I request that my eyelashes and/or eyebrows be treated with Lash Extension Products but I would prefer to undergo a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the product(s).*

*I offer a complimentary patch test service for all clients. Please request a patch test, which should be performed **48 hours prior** to your appointment, if you would like to check your sensitivity. I thank you for your cooperation to ensure your comfort and safety.

SECTION 4: ACKNOWLEDGMENTS, AGREEMENTS, RISKS, AND, CONSENT

Please initial before each statement to accept your acknowledgement and agreement to the following:

_____ I authorize Beauty Brows & Beyond, LLC, Shana R. Bowman Licensed Esthetician to perform the Lash Extension procedure and or to have lash extensions applied to my natural eyelashes and/or retouched.

_____ 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 and consent to having my eyes closed and covered for the duration of the 60-90 minute procedure.

_____ 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 if the bonding agent accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

_____ I understand there are risks in the orbital area associated with having lash extensions. I further 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 if at any time I (or the esthetician) are uncomfortable with the lash extension treatment, I will inform the esthetician and she will gladly rectify the problem, including ending the session.

_____ I understand that all conditions must be revealed or disclosed by me to my esthetician regarding health history, medications being taken and any past reactions to products used.

_____ I understand and agree to the care instructions provided by Beauty Brows & Beyond, LLC for the treatment of lash extensions. I realize and accept the consequences of failure to adhere to these instructions may cause the lashes to not stay bonded.

_____ I understand there are no guarantees, warranties, promises, commitments or refunds and acknowledge that I have no particular representation or guarantees, and I am consenting to lash extensions at my own risk.



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- _____ I understand that even though my esthetician uses the proper technique, the instruments, tapes, cleaners, eye gel pads, adhesives, and removers used may cause eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blurriness. I agree that if I experience any of these conditions DURING or AFTER the procedure, I will contact Beauty Brows & Beyond, LLC and consult a physician at my own expense.
- _____ I understand the contents of this form and take full responsibility for my actions. I understand it is my responsibility to advise my esthetician of any changes in the future that may affect my suitability for procedures to be undertaken at any time in the intervening twelve months. I understand that this agreement is binding and that I have read and fully understand all information listed above.
- _____ I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

SECTION 4: USE OF LIKENESS AND RELEASE

With the understanding that great care will be taken not to reveal identity, I consent to the taking of photographs/videos before, during and after treatment/service. These photographs/videos will be the property of Beauty Brows & Beyond, LLC and/or its assignees, and may be used for social media, teaching, publication or promotional purposes.

I have read the above information. If I have any concerns, I will address these with my esthetician. I give permission to my esthetician to perform the tinting and/or lash lift procedure we have discussed, and will hold her and her staff harmless 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 esthetician 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 esthetician 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 esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

Client Name (printed) _____

Client Name (signature) _____ Date _____



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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.