Registration & History Form

Client Information:

	Appointment Date & Time:
Name: _____	D: _____/_____/_____ T:_____
Address:_____	Your Certified Specialist is:
City:_____State:_____Zip:_____	
	_____
Phone:_____Email:	_____

How may we contact you regarding scheduled appointment? :   Text message   Mail   Home phone

Emergency contact number   Name   Relationship

_____

How did you hear about us?

Web Site_____ Google_____ Friend/Other:_____

Name of person who referred you:_____Phone: _____

_____

Is this the first time you have had lash extensions applied? Yes No

        If no, where have you had them applied?_____What brand was used?

Are you: From the area or Just visiting

Do you plan to travel away any time soon: Yes   No.   How soon will you leave: in…… days

Are you having lash extensions applied for: special occasion -or- daily wear

Please be advised that allergy reaction may occur any time during, before or after. Planning to have lashes extension put

on prior to your trip or special occasion at least 5, 6 days is recommended.

Please indicate if you have worn within the last 60 days any of the following types of lashes:

individual strip flare other_____

Do you curl, perm or tint your lashes?   Yes   No

Have you used under gel pad before: Yes   No

Do you wear contacts? Yes No

Do you wear glasses?   Yes   No.   If Yes how often:

Do you habitually rub, pull, or pick your lashes for any reason? Yes No

Do you have, or are you being treated for any eye illness or injury? Yes   No

What side do you predominately sleep on? Right   Left

Please note that you may experience more eyelash extension loss on the side on which you sleep

Please list any eye drops or eye medication you are using:_____

Are you able to keep your eyes closed and lie still for up to 2 hours or longer? Yes No

Are you pregnant?   If yes, have you discussed having this service with your doctor?   Yes   No

Do you exercise? Yes   No

If   Yes what type of activity :

How Frequent:

Please be advised that frequently sweaty exercise may cause your lashes extension falling off faster than normal.

Are you on a special diet? Yes*   No

Please be advised that healthy natural lashes and hair growth require a diet rich in amino acids and protein. In addition, low-carb,   low-protein and quick-results diets may affect a body's chemical balance, which can lead to loss of or damage to hair/natural lashes.

If client is on a special diet recommend Lash & Brow Supplement or serums.

Initials: _____

What brands and products are you currently using around your eyes?

Basic makeup application and normal lifestyle can resume after the eyelash extension application. Apply and remove gently.

Please check if any of the following that might apply to you:

_____ Lasik Eye Surgery

_____ Permanent eye make-up

_____ Blephroplasty (eye lift)

_____ Microdermabrasion

_____ Allergies to adhesives or synthetics

_____ Child birth within last 120 days

_____ Alopecia

_____ Thyroid diseases

_____ Allergic to Glycerin

_____ Hypersensitivity to cyanoacrylate or formaldehyde or certain adhesives/glues

_____ Recent high fever or severe illness

_____ Iron Deficiency

_____ Hormonal imbalance or extreme stress

_____ Exposure to certain chemicals found in swimming pools, and to bleach, dye and perm hair

_____ Major surgery within last 120 days

_____ Eating Disorders

_____ Stress

_____ Stroke

_____ Dry eye syndrome

_____ Eye sores

Initials: _____

Please note that medications used to treat the following conditions may cause hair/natural eyelash loss. If you are on medications to treat any of the following, please mark them below:

- Acne
- Allergies (when treated with non-
- steroidal anti-inflammatory drugs (NSAIDS)
- Anticoagulants
- Autoimmune diseases
- Birth control*
- Convulsions/ epilepsy
- Depression
- Diet/ weight loss
- Dry eye syndrome

- Glaucoma
- Gout
- High blood pressure
- High cholesterol
- Hormone imbalance, hormone
- Inflammation (when treated with NSAIDS)
- Parkinson's disease
- Thyroid disease
- Ulcers
- Cancer

Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural lashes.

Signature: _____

Parent/Guardian Signature: _____

Print Name: _____

Date: _____