

LASH LIFT & BROW TINT

Intake Form

CLIENT INFORMATION:

Name: _____
 Address: _____
 Phone: _____ Email: _____
 Emergency Contact Name: _____ Phone: _____
 Occupation: _____ Referred by: _____

LASH AND BROW HISTORY

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

HEALTH INFORMATION

Are you taking any medications? Yes No If yes, please list: _____
 Any allergies? (oils, lotions, nuts, fruits, skin, etc.) Yes No If yes, please list: _____
 Are you pregnant? Yes No If yes, how many months: _____ Due Date: _____
 Do you wear contact lenses? Yes No
 Are you currently under medical supervision for any kind of eye injury? Yes No
 If yes, please explain: _____
 Do you have frequent eye irritation, itching, or watery eyes? Yes No
 Do you have any of the following conditions? (Check all that apply)

- | | | |
|----------------|----------------------------|----------------------|
| Alopecia | Psoriasis Around your Eyes | Lupus |
| Conjunctivitis | Sensitive Eyes | Recent Eye Infection |
| Cancer | Glaucoma | Other _____ |
| Diabetes | Thyroid Disease | |
| Cataract | Dry Eyes | |

By signing up below, I agree to the following:

I've filled out this form as completely and accurately as I can. I consent to updating the technician on any changes to the previously provided information. I certify that I don't have any conditions that would exclude receiving the proposed treatment. I will let the technician know if I ever feel uncomfortable during my treatment so they can make the necessary adjustments. I consent to release my technician and the salon from all responsibility for any harm or loss brought on by any misrepresentation of my health.

Client(s) and/or Representative

Date

Technician Signature

Date