



Eyelash Enhancement Client Profile Form

Full Name

Appointment Time/Date

Address

City

State/Zip

Phone

Email

How do you want to know about specials promotional offers? by text message by email

Instagram @ _____ Facebook @ _____

How did you hear about us? _____

Is this your first time having eyelash extensions? No Yes

What products do you currently or have recently used on your eyelashes? (check all that apply):

Mascara Curler Lash Serum Lash Lift/Tint

Do you wear contacts? No Yes Do you wear glasses? No Yes

Have you had any type of eye surgery within the last six months? No Yes

If yes, please specify: _____

Do you have frequent eye irritation, itching or watery eyes? No Yes

How do you sleep at night? Back Stomach Left Side Right Side

List any medications/antibiotics including supplements that you are currently using: _____

Do you have any of the following conditions? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Allergies to Adhesive or Synthetics | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Hypersensitivities to Adhesives/Tape/Gel |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Extreme Stress or Hormonal Imbalance |
| <input type="checkbox"/> Cancer | |

I have agreed to have eyelash extensions applied and/or removed from my eyelashes. Before my eyelash technician can perform this procedure, I understand I must complete this agreement and provide my consent by answering truthfully to all the above. I understand that some conditions may determine that I am not suitable for eyelash extensions.

Client Signature

Today's Date

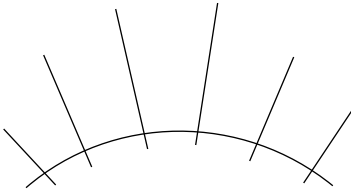
Eyelash Application Form

Eyelash Extension Style: _____

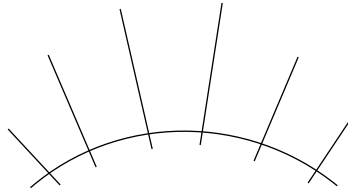
Extensions Application Type: Classic Volume Other _____

Client Eye Shape: Round Thin Oval Deep Set

Lash Mapping:



Left Eye



Right Eye

Eyelash Curl Type(s):

- J C CC B D L

Eyelash Length(s) (mm):

- 8 9 10 11 12 13 14 15 16

Eyelash Thickness (mm):

- .03 .05 .07 .10 .18

Notes: _____

Follow Up (irritation, shedding, etc.):
