

## EYELASH EXTENSIONS NEW CLIENT REGISTRATION AND HISTORY FORM

Full Name:	Today's Date:
Mailing Address:	Date of Birth:
City and State:	Zip:
Email Address:	Cell Phone:
Preferred primary method of contact (circle one): <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Email</span> <span>Phone Call</span> <span>Text Message</span> </div>	Whom may we thank for referring you to us?

1. Have you ever received eyelash extensions?  Yes  No
2. Have you had eyelash extensions removed?  Yes  No
3. Have you used under eye gel patches before?  Yes  No
4. Have you had permanent cosmetics applied to your eye area?  Yes  No
5. Do you wear glasses?  Yes  No
6. Do you wear daily disposable, extended wear or permanent contacts?  Yes  No
7. Do you have a tendency to rub your eyes or pull on your eyelashes?  Yes  No
8. Do you go tanning (in salon or outside) or get spray tans?  Yes  No
9. Are you pregnant?  Yes  No If yes, have you discussed having this service with your doctor?  Yes  No
10. Which side do you sleep on?  Right Side  Left Side  Back  Stomach

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

11. Do you exercise?  Yes  No

*Please note that excessive sweating may cause the adhesive bond to weaken and result in the premature loss of some lash extensions.*

12. Are you on a special diet?  Yes  No

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

13. Please list any brands and products you currently use around your eyes:

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14. Do you have an allergy to any of the following?  Yes  No If yes, please specify which one(s) and what type of adverse reaction you have had before:

Acrylates/cyanoacrylates (*skin adhesives*)     
  Cosmetics     
  Nail adhesives or tape

15. Have you had or used any of the following in the last 4 weeks?

Eye surgery, wounds or infections     
  Retin-A, Accutane or similar products for acne  
 Exfoliating, skin tightening or resurfacing facial treatments (chemical peels, microdermabrasion or laser)  
 History of eye disease/condition/injury/surgery that affected your hair/natural eyelash

16. 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:

- |                                                             |                                                                                              |                                              |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Acne                               | <input type="checkbox"/> Allergies (when treated with non-steroidal anti-inflammatory drugs) |                                              |
| <input type="checkbox"/> Anticoagulants                     | <input type="checkbox"/> Autoimmune diseases                                                 | <input type="checkbox"/> Birth control*      |
| <input type="checkbox"/> Convulsions/ epilepsy              | <input type="checkbox"/> Depression                                                          | <input type="checkbox"/> Diet/ weight loss   |
| <input type="checkbox"/> Dry eye syndrome                   | <input type="checkbox"/> Fungus                                                              | <input type="checkbox"/> Glaucoma            |
| <input type="checkbox"/> Gout                               | <input type="checkbox"/> High blood pressure                                                 | <input type="checkbox"/> High cholesterol    |
| <input type="checkbox"/> Hormone imbalance/hormone therapy* | <input type="checkbox"/> Inflammation treated with NSAIDS                                    | <input type="checkbox"/> Parkinson's disease |
| <input type="checkbox"/> Thyroid disease                    | <input type="checkbox"/> Ulcers                                                              | <input type="checkbox"/> Cancer              |

\*Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural eyelashes. Please let us know of any medications you are taking.

17. Please mark all conditions that apply to you. *Please be aware that some conditions may not allow you to receive eyelash extensions.*

- |                                                                  |                                                         |                                               |
|------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Alopecia                                | <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Autoimmune diseases  |
| <input type="checkbox"/> Back pain                               | <input type="checkbox"/> Bell's Palsy                   | <input type="checkbox"/> Blepharitis          |
| <input type="checkbox"/> Bronchitis (chronic)                    | <input type="checkbox"/> Claustrophobia                 | <input type="checkbox"/> Cold sores           |
| <input type="checkbox"/> Conjunctivitis (pink eye)               | <input type="checkbox"/> Diabetes                       | <input type="checkbox"/> Diabetic retinopathy |
| <input type="checkbox"/> Dry eye syndrome                        | <input type="checkbox"/> Eye sties or sores             | <input type="checkbox"/> Heavy eyelid         |
| <input type="checkbox"/> Hormonal disorders or changes           | <input type="checkbox"/> Leamy eye or excessive tearing | <input type="checkbox"/> Migraines            |
| <input type="checkbox"/> Ocular rosacea                          | <input type="checkbox"/> Overactive bladder             | <input type="checkbox"/> Rosacea              |
| <input type="checkbox"/> Seizure disorder                        | <input type="checkbox"/> Sensitive eyes                 | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Sinus problems                          | <input type="checkbox"/> Stress                         | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Tendency of redness, rashes or hives    | <input type="checkbox"/> Thyroid disease                |                                               |
| <input type="checkbox"/> Trichotillomania (hair/eyelash pulling) | <input type="checkbox"/> Other: _____                   |                                               |

*Basic makeup application and normal lifestyle can resume after the eyelash extension application. However, the following activities should be avoided within the first 3 hours: spray or airbrush tanning, exposure to excessive steam, exposure to excessive heat, contact lenses insertion, and non Xtreme Lashes® cosmetics & skincare products. Use of waterproof mascara or other waterproof cosmetics should always be avoided with 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 20-50% thicker, and may make my lashes appear 20%-40% longer.

\_\_\_ I understand that a full set of lash extensions can take up to 3.5 hours to complete, which is dependent upon each individual client's lashes.

\_\_\_ I understand that I cannot wear contacts, eye makeup or creams on the eye area when I come in for lash extensions, and that I cannot insert contacts into my eyes or wear eye makeup for 3 hours after the extensions are applied.

\_\_\_ 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 medical grade adhesive comes into contact with it.

\_\_\_ I understand that if the medical grade adhesive comes into contact with my eye, my eye will be flushed with water or an eye wash 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 depends on the health and length of my natural lashes, and therefore 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 understand that no refunds will be given under any circumstances. Fill-ins may be needed sooner than 2 weeks if aftercare procedures are not followed carefully, and pricing of fill-ins may be adjusted accordingly.

\_\_\_ I consent to "before and after" photographs for the purpose of documentation, potential advertising and promotional purposes at Natural Health Practices.

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 Jen Krupa and the staff of Natural Health Practices 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.

I understand that this agreement will remain in effect for every appointment for fill-ins or full sets of eyelash extensions I receive from Jen Krupa, Esthetician/Lash Extension Specialist at Natural Health Practices, and I will keep her updated of any health or other applicable changes before each lash appointment.

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

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

Lash Extension Specialist: Jennifer Krupa