

## LASH LIFT & BROW TINT CLIENT INTAKE FORM

### General Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Would you like to be added to our email list for specials and discounts? Yes No  
How did you hear about us? \_\_\_\_\_

### Lash Lift & Brow Tint Extension History

Have you ever had your brows or lashes tinted? Yes No  
If yes, have you ever had an adverse reaction? Yes No  
If yes, please explain: \_\_\_\_\_  
Have you used hair color before? Yes No  
Have you ever had an allergic reaction to hair color? Yes No  
If yes, please explain: \_\_\_\_\_  
Do you use any of the following products on your eyelashes?  
Mascara Yes No  
Lash Serum Yes No

### Medical History

Do you wear contact lenses? Yes No  
Do you have frequent eye irritation itching, or watery eyes? Yes No  
Are you or could you be pregnant? Yes No  
Do you have, or are you being treated for any kind of eye injury? Yes No  
If yes, please explain: \_\_\_\_\_  
Do you have any allergies? Yes No  
If yes, please explain: \_\_\_\_\_  
Are you currently taking any medications or supplements? Yes No  
If yes, please explain: \_\_\_\_\_

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

|                           |                 |                      |
|---------------------------|-----------------|----------------------|
| Alopecia                  | Cancer          | Cataract             |
| Conjunctivitis            | Diabetes        | Dry Eyes             |
| Eczema                    | Glaucoma        | Lupus                |
| Psoriasis Around the Eyes | Thyroid disease | Recent Eye Infection |
| Sensitive Eyes            | Other: _____    |                      |

Please list any illness or condition you are currently being treated by a physician for:

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**By signing below, I agree to the following:**

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my technician and the salon for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date

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