

# CLIENT INTAKE FORM

## EYELASH LIFT AND TINT



### GENERAL INFORMATION

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### LASH LIFT HISTORY

Have you ever had a lash perm? (lash lift) Yes ☐ No ☐

If yes, when was the last time? \_\_\_\_\_

Have you ever had your lash or brows tinted? Yes ☐ No ☐

If yes, have you ever had an adverse reaction? Yes ☐ No ☐

Have you used hair color or eyelash tint before? Yes ☐ No ☐

If yes, have you ever had an allergic reaction  
to your hair color/eyelash tint? Yes ☐ No ☐

Do you do any of the following to your lashes?

Curl Yes ☐ No ☐

Mascara Yes ☐ No ☐

Lash Serum Yes ☐ No ☐

Other: \_\_\_\_\_ Yes ☐ No ☐

Which best describes the look you would like  
to achieve for your lashes? ☐ Fully Lift

☐ Soft Natural Curl

## MEDICAL HISTORY

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Alopecia        | <input type="checkbox"/> Cancer               | <input type="checkbox"/> Cataract                  |
| <input type="checkbox"/> Conjunctivitis  | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Dry Eyes                  |
| <input type="checkbox"/> Eczema          | <input type="checkbox"/> Glaucoma             | <input type="checkbox"/> Psoriasis Around the Eyes |
| <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Recent Eye Infection | <input type="checkbox"/> Sensitive Eyes            |

Do you wear glasses?

Yes ☐ No ☐

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: \_\_\_\_\_

This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash professional. I understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to the lash lift and tint procedure.

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technician Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# LASH LIFT AND TINT WAIVER CONSENT FORM

Although every precaution will be taken to ensure my safety and wellbeing before, during and after my lash lift application, I am aware of the following information and possible risks. Please initial:

\_\_\_\_\_ I understand that tinting/perming lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, blurry vision and potentially blindness should the tint enter into the eye.

\_\_\_\_\_ I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water and medical attention may be required.

\_\_\_\_\_ I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.

\_\_\_\_\_ I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.

\_\_\_\_\_ I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.

\_\_\_\_\_ I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.

\_\_\_\_\_ I understand that it is imperative that I disclose all of the information requested on the Client Intake Form.

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

\_\_\_\_\_ I agree that if I experience any ill effects with my lashes or brows that I will contact the technician that performed this procedure.

\_\_\_\_\_ I understand and consent to having my eyes closed and covered for the duration of the procedure.

\_\_\_\_\_ I understand and agree to the after-care instructions provided by the technician. I realize and accept the consequences of failure to adhere to these instructions.

\_\_\_\_\_ I am informing the technician of the following conditions that apply to me (check all that apply):

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Name Printed

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Signature

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Date

# WAIVER CONSENT FORM

## PATCH TEST & ALLERGIC REACTIONS

I, \_\_\_\_\_ am aware that it is my responsibility to request a patch test prior to my appointment (a patch test is performed 24 to 48 hours prior to your appointment). If I do not request a patch test prior to my appointment and if I do have an allergic reaction, Lash Chance Beauty, LLC will not be liable since Lash Chance Beauty, LLC gave me the option to request a patch test and it is my responsibility if I have any allergic reactions to the products/service.

I, \_\_\_\_\_ would like to request a patch test.

I, \_\_\_\_\_ DO NOT want a patch test done.

I, \_\_\_\_\_ am aware that LASH CHANCE BEAUTY, LLC is not liable for any allergic reaction I may develop during/after the service is performed, and there will be no refunds, even if a Patch Test is performed.

How a patch test is performed for either Lash Lift + Tint or Eyelash Extensions and/or Brow Lamination:

Lash Lift + Tint and/or Brow Lamination:

You will come into studio 24 to 48 hours prior to your appointment and your artist will place a small amount of product in the inside area of your forearm where your elbow crease is or behind your ear. Then they will wipe product off and you will be done. Within the 24 to 48 hours if you do not develop any redness or itchiness/irritation in the area the product was placed you should be in the clear for your service.

Eyelash Extensions:

You will come into studio 24 to 48 hours prior to your appointment and your artist will place a few eyelash extensions (short ones) on each eye and you will be done. Within the 24 to 48 hours if you do not develop any redness or itchiness/irritation in each eye you should be in the clear for your service.

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Name Printed

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Signature

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Date

# PHOTOGRAPH AND VIDEO RELEASE FORM

## LASH LIFT

PLEASE CHECK THE RELEVANT BOXE(S)

I understand that **Lash Chance Beauty, LLC** will take photos before and after the service is complete.

- ☐ I give permission for my photograph(s) to be used within the salon for display/ educational purposes.
- ☐ I give permission for my photograph(s) to be used within other printed publications.
- ☐ I give permission for my photograph(s) to be used on the salon's social media page and/or website.
- ☐ I do not want my photograph taken.

Photographs taken on \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby grants permission to the rights of my image and video without payment or any other consideration. I understand that my image may be edited, copied, exhibit, published and waive the right to inspect or approve the finished product. I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be use in diverse educational settings within an unrestricted geographic area.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

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Name Printed

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Signature

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Date



# POLICIES AND FEES

## CANCELLATION AND NO SHOWS

Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 24 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if your cancellation is outside of our normal business hours or you're unable to reach us by phone at 631-449-3972.

**ANY APPOINTMENTS CANCELLED/RESCHEDULED OR CHANGED WITHOUT 24 HOURS NOTICE WILL RESULT IN A CHARGE EQUAL TO 50% OF THE RESERVED SERVICE AMOUNT. ALL "NO SHOWS" WILL BE CHARGED 100% OF THE RESERVED SERVICE AMOUNT.**

## LATE ARRIVALS

We understand that sometimes being late is out of control but please keep in mind that showing up late will affect the time of your service. Our client's time is value and so is ours, we try our best to accommodate late arrivals by performing the most complete treatment possible in the time remaining. Unfortunately arriving too late to perform a service will result in cancellation and the associated cancelled fee.

We recognize the time of our clients and therapist is valuable and have implemented this policy for this reason. When you miss an appointment with us, we not only lose your business but also the potential business of other clients who could have scheduled an appointment for the same time.

## REFUNDS AND CLIENT'S SATISFACTION

Due to the nature of our service there are no refunds on any services. Please contact us within 72 hours of our service with any problems and/or concerns you have regarding your service. We feel that every client deserves the highest level of satisfaction. Should you not be satisfied please let us know immediately and we will discuss a solution.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment if the original confirmation notification was received timely.

By signing this form I have read and understood the policy and agree to abide by the above conditions.

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Name Printed

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Signature

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Date