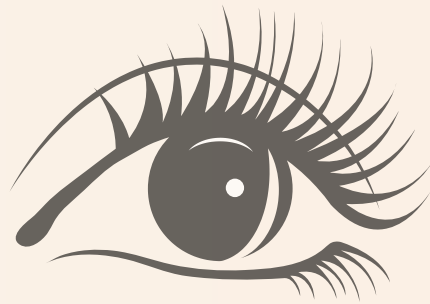




ZH  
Glowing Beauty Studio

E Y E L A S H   E X T E N S I O N

CLIENT  
RECORD  
FORM



CLIENT NAME:

# EYELASH EXTENSION CLIENT INTAKE FORM

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male  NB

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

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

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

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Would you like to be added to our email list for news and exclusive offers? Yes  No

## MEDICAL HISTORY

*Do you have or have you had any of the following conditions? If yes, please select them:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alopecia       | <input type="checkbox"/> Childbirth within 120 days | <input type="checkbox"/> Permanent eye make up     |
| <input type="checkbox"/> Allergies      | <input type="checkbox"/> Conjunctivitis             | <input type="checkbox"/> Psoriasis around the eyes |
| <input type="checkbox"/> Blepharitis    | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Rosacea                   |
| <input type="checkbox"/> Blepharoplasty | <input type="checkbox"/> Dry eyes                   | <input type="checkbox"/> Thyroid disease           |
| <input type="checkbox"/> Cancer/Chemo   | <input type="checkbox"/> Eczema                     | <input type="checkbox"/> Recent eye infection      |
| <input type="checkbox"/> Cataract       | <input type="checkbox"/> Glaucoma                   | <input type="checkbox"/> Sensitive eyes            |

Are you allergic to acrylic or latex?

*(Medical tape and adhesives required for eyelash extensions may contain acrylic or latex.)*

Acrylic  Latex  None

Do you have any other allergies:  No  Yes: \_\_\_\_\_

Are you, or could you be pregnant?  No  Yes

# EYELASH EXTENSION CLIENT INTAKE FORM

List any medications/supplements you take regularly: \_\_\_\_\_

Do you wear glasses?  No  Yes

Do you wear lenses?  No  Yes

Do you have, or are you being treated for any eye illness/injury?  No  Yes

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

## EYELASH HISTORY

Have you ever had eyelash extension before?  No  Yes

If yes: Were they applied by a professional?  No  Yes

Where were they applied? \_\_\_\_\_

Why did you have them removed? \_\_\_\_\_

Do you use any of the following products on your eyelashes?

Mascara  Eyelash serum  Other: \_\_\_\_\_

Do you do any of the following to your lashes:

Curl  Perm  Tint  Other: \_\_\_\_\_

# E Y E L A S H E X T E N S I O N CLIENT CONSENT FORM

I hereby consent to and authorize \_\_\_\_\_ to perform the following procedure: \_\_\_\_\_.

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 each statement:

- \_\_\_\_\_ I understand that a full set of lash extensions can make the appearance of my own lashes about 30-50% thicker, and make my lashes appear 20-50% longer.
- \_\_\_\_\_ 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 bonding agent comes into contact with it.
- \_\_\_\_\_ I understand that if the bonding agent comes into contact with my eye, my eye will be flushed with water 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.
- \_\_\_\_\_ I understand that while every attempt will be made to provide me with the length and fullness I have chosen, my final result may not be what I initially envisioned.
- \_\_\_\_\_ I understand that it is imperative that I disclose all of the information requested in 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.

# EYELASH EXTENSION CLIENT CONSENT FORM

\_\_\_\_\_ I understand and consent to having my eyes closed throughout the procedure.

\_\_\_\_\_ I understand that if I have any concerns, I will address these with my lash extension specialist.

\_\_\_\_\_ I am informing the certified eyelash extension professional of the following conditions by marking with a check:

- Current use of contact lenses which I may be asked to remove during the procedure.
- Current use of anything such as oil-containing sunscreen or moisturizers around the eyes.
- Current use of eye drops of any kind, prescription or over-the-counter.
- Current allergies or sensitivities.
- History of recurrent eye or tear duct infections.
- History of dry eyes or Sjorgen's Syndrome.
- Recent history of Chemotherapy.
- Other medical conditions which would prohibit or compromise placement and retention of eyelash extensions.

\_\_\_\_\_ I agree to the following eyelash extension follow-up and maintenance instructions:

- No waterproof mascara.
- No oil based products around the eye area.
- No water can come in contact with the eye area for 24-48 hours after the application.
- No tinting or perming of eyelash extensions.
- No pulling or rubbing of the eyelash extensions.
- Should any kind of eye drops be necessary extra care should be taken to prevent moisture from coming into contact with the eyelash extensions.

*This agreement will remain in effect for this procedure and all future follow-ups conducted by the certified eyelash extension professional. I understand my lash extension specialist will take every precaution to minimize or eliminate negative reactions as much as possible. I will hold him/her and his/her staff harmless and nameless from any liability that may result from this treatment. 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 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 eyelash extension application procedure.*

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*Esthetician (signature)*




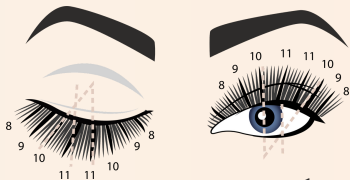



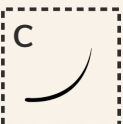





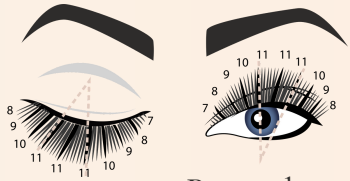









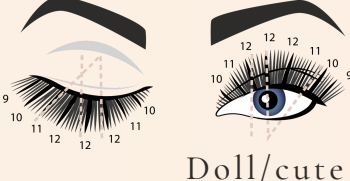




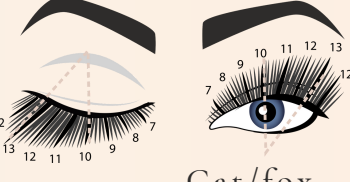




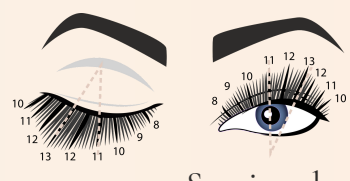

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*Client Name (signature)*



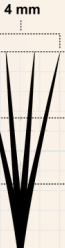
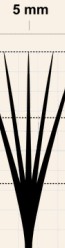
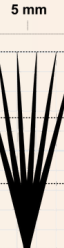
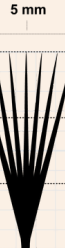
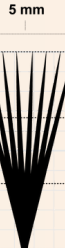
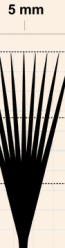
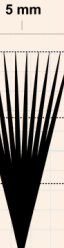
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*Date*

# EYELASH EXTENSION LASH GUIDE

| LASH CURL   | LASH THICKNESS  | LASH LENGTH   | LASH STYLE  |
|---|---|---|---|
|    |  0.03 mm   |  4 mm    | <br>Natural    |
|    |  0.05 mm   |  5 mm    |   |
|    |  0.06 mm   |  6 mm    |   |
|  |  0.07 mm   |  7 mm    | <br>Round      |
|  |  0.10 mm   |  8 mm    |   |
|  |  0.12 mm  |  9 mm    |   |
|  |  0.15 mm |  10 mm   | <br>Doll/cute |
|   |  0.18 mm |  11 mm  |   |
|   |  0.20 mm |  12 mm | <br>Cat/fox  |
|   |  0.25 mm |  13 mm |   |
|   |  0.30 mm |  14 mm | <br>Squirrel |
|   |   |  22 mm |   |

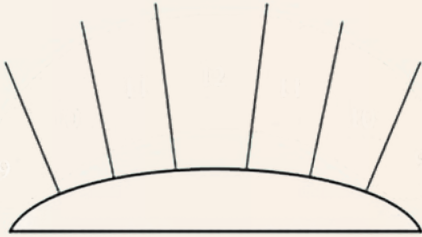
## VOLUME LASHES

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  2 mm |  3 mm |  4 mm |  5 mm |  5 mm |  5 mm |  5 mm |  5 mm |  5 mm |
| 2D VOLUME  | 3D VOLUME  | 4D VOLUME  | 5D VOLUME  | 6D VOLUME  | 7D VOLUME  | 8D VOLUME  | 9D VOLUME  | 10D VOLUME   |

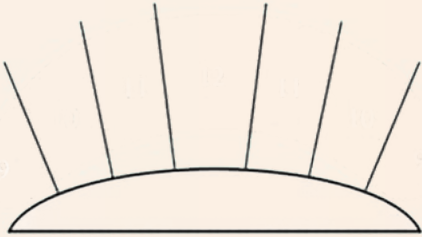
# EYELASH EXTENSION CLIENT DESIGN RECORD

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

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



Left eye



Right eye

### EXTENSION DESIGN

- Service:  Full  Fill  Removal  Other: \_\_\_\_\_
- Application:  Classic  Hybrid  Volume  Mega Volume
- Lash type:  Synthetic  Silk  Mink  Other: \_\_\_\_\_
- Extension style:  Natural  Round  Doll/cute  Cat/Fox  
 Squirrel  Other: \_\_\_\_\_

Eyelash curl type: \_\_\_\_\_ Eyelash length: \_\_\_\_\_

Eyelash thickness: \_\_\_\_\_ Fans: \_\_\_\_\_

**NOTES**

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# E Y E L A S H E X T E N S I O N

## PRICE LIST

### *Full sets*

|                 |       |
|-----------------|-------|
| Classics        | \$ 45 |
| Hybdrids        | \$ 50 |
| Russian Volumes | \$ 55 |
| Mega Volumes    | \$ 60 |

### *Infills*

|                           |       |
|---------------------------|-------|
| Classic 2-3 weeks         | \$ 35 |
| Classic 3-4 weeks         | \$ 40 |
| Hybdrids 2-3 weeks        | \$ 40 |
| Hybdrids 3-4 weeks        | \$ 45 |
| Volumes 2-3 weeks         | \$ 45 |
| Volumes 3-4 weeks         | \$ 50 |
| Megas 2-3 weeks           | \$ 50 |
| Megas 3-4 weeks           | \$ 55 |
| Mini Fill (under 3 weeks) | \$ 30 |



# E Y E L A S H E X T E N S I O N

## PRICE LIST

### *Browns*

|                   |      |
|-------------------|------|
| Brow Wax and Tint | \$10 |
| Brow Wax          | \$7  |
| Brow Tint         | \$7  |

### *Other*

|                        |      |
|------------------------|------|
| Lash Lift and Tint     | \$35 |
| Lash Extension Removal | \$5  |

# DAILY PLANNER

DATE

/ /

## GOALS

- 
- 
- 
- 
- 
- 

## TO DO LIST

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## TODAY'S APPOINTMENT

| TIME: | EVENTS: |
|-------|---------|
|       |         |
|       |         |
|       |         |
|       |         |
|       |         |

BREAKFAST:

LUNCH:

SNACK:

DINNER:

## NOTES

# EYELASH EXTENSION MONTHLY CALENDAR

MONTH OF

|        | MON | TUE | WED | THU | FRI | SAT | SUN |
|--------|-----|-----|-----|-----|-----|-----|-----|
| WEEK 1 |     |     |     |     |     |     |     |
| WEEK 2 |     |     |     |     |     |     |     |
| WEEK 3 |     |     |     |     |     |     |     |
| WEEK 4 |     |     |     |     |     |     |     |
| WEEK 5 |     |     |     |     |     |     |     |

GOALS

