



EYELASH EXTENTION

Client Intake

GENERAL INFORMATION

Name: Date:

Date of birth: Age: Female Male NB

Address:

City: State: Zip:

Phone: Email:

MEDICAL HISTORY

Please check the circle if you have or have ever had any of the following conditions:

- Alopecia
- Glaucoma
- Conjunctivitis
- Allergies
- Blepharoplasty
- Thyroid disease
- Psoriasis
- Cancer/Chemo
- Thyroid disease
- Dry eyes
- Cataract
- Recent eye infection
- Eczema
- Sensitive eyes

Any other condition you might have?

Are you allergic to acrylic or latex? Latex Acrylic None
(Acrylic or latex may be present in medical tape and adhesives used for eyelash extensions.)

Do you have any other allergies? No Yes:

Are, or could you be pregnant? No Yes:

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:

List any medications/supplements you take regularly:

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EYELASH HISTORY

have you ever had eyelash extensions before? No Yes:

If so, were they done by a professional? No Yes:

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?

Tint Curl Perm Other:

Are you prone to claustrophobia or discomfort when lying down for extended periods? No Yes

Please indicate any other relevant medical conditions or concerns we should be aware of:

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YOU AGREE TO THE FOLLOWING BY SIGNING BELOW.

I have filled out this form truthfully and to the best of my knowledge. I agree to notify the technician if any of the above information changes. I agree to release my technician and the employer from all liability for any injury or damage caused by any misrepresentation.

Client printed Name

Client signature

Date

Notes

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EYELASH EXTENTION

Consent & Liability Form

I, _____, hereby acknowledge that I have voluntarily requested and consent to receive eyelash extension services from [YOUR BUSINESS NAME]. I understand that this form outlines the potential risks and responsibilities associated with the procedure. By signing this form, I agree to release [YOUR BUSINESS NAME], its technicians, employees, and affiliates from any claims, damages, liabilities, or expenses that may arise during or after the application of eyelash extensions.

I understand that the eyelash extension procedure involves the meticulous application of synthetic or natural lashes to my existing lashes. The extensions are attached using a specialized adhesive and may vary in length, curl, and thickness based on my preferences and the recommendations of the technician.

Potential Risks and Side Effects: I acknowledge that there are risks associated with the application of eyelash extensions, which may include but are not limited to:

- Eye irritation, redness, or discomfort
- Allergic reactions to the adhesive or other products used
- Swelling or puffiness around the eye area
- Eye infections, such as conjunctivitis
- Temporary or permanent loss of natural lashes
- Discomfort or sensitivity during or after the procedure

I understand that these risks can vary from person to person and may depend on factors such as my individual health, allergies, or pre-existing eye conditions.

Precautions and Aftercare: I agree to follow all pre- and post-care instructions provided by the technician, including but not limited to:

- Avoiding contact with water, steam, or excessive moisture for the recommended duration
- Refraining from rubbing or pulling the eyelash extensions
- Avoiding the use of oil-based products on or around the eye area
- Seeking immediate medical attention if any signs of infection or adverse reactions occur

I understand that failure to adhere to these instructions may result in poor retention, premature lash loss, or other complications, and I accept responsibility for any such outcomes.

I have disclosed all relevant medical conditions, allergies, sensitivities, and current medications on the provided consultation form. I understand that it is my responsibility to update the technician in case of any changes to my health status or medication regimen.



EYELASH EXTENTION

Consent & Liability Form

I understand that the lifespan of eyelash extensions varies based on factors such as my natural lash growth cycle, aftercare practices, and lifestyle. The extensions may last for several weeks, but regular maintenance appointments may be required to ensure the longevity and proper upkeep of the extensions. These maintenance appointments may include touch-ups or infills to replace any lashes that have naturally shed or fallen out.

I have read and understood the information provided in this consent and liability form. I acknowledge that I am undertaking the eyelash extension procedure at my own risk, and I release YOUR BUSINESS NAME from any liability associated with the procedure.

Client printed Name *Client signature* *Date*

Notes
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EYELASH EXTENTION

Patch Test Consent

I, _____, hereby acknowledge and consent to undergo a patch test as part of the eyelash extension procedure at [YOUR BUSINESS NAME].

I understand that the purpose of the patch test is to check for any allergic reactions or sensitivities to the products used during the procedure.

By signing this form, I release High Tide Lash Bar, LLC, its technicians, employees, and affiliates from any liabilities related to the patch test.

Patch Test Procedure: A small amount of adhesive or other products will be applied behind my ear or on my inner arm. The test area will be observed for any adverse reactions for 24-48 hours.

Purpose of the Patch Test: The patch test is conducted to assess any potential allergic reactions or sensitivities to the eyelash extension products used. This ensures the procedure can be carried out safely.

Potential Risks: Possible risks include temporary skin irritation, redness, itching, or mild discomfort in the patch test area.

Patch Test Results: Based on the results, the technician and I will discuss the suitability of proceeding with the full eyelash extension application.

Communication: I agree to promptly inform the technician of any reactions or symptoms during or after the patch test.

Release of Liability: I release High Tide Lash Bar, LLC from any liability associated with the patch test procedure and its outcomes.

Client printed Name

Client signature

Date



EYELASH EXTENTION

Pre-Book Policy

Reservation Fee: A non-refundable reservation fee is required to secure your appointment. This fee will be applied towards the total cost of your eyelash extension service.

Appointment Confirmation: Your appointment will be confirmed once the reservation fee has been received and processed.

Cancellation and Rescheduling: We understand that unforeseen circumstances may arise, requiring you to cancel or reschedule your appointment. Please provide us with a minimum of 24 hours' notice for any changes or cancellations. Failure to provide sufficient notice may result in the forfeiture of your reservation fee.

Late Arrival: We kindly request that you arrive on time for your scheduled appointment to ensure that you receive the full duration of your lash service. If you arrive more than 15 minutes late, we may need to reschedule your appointment, and your reservation fee may be forfeited.

Consultation and Patch Test: As part of our commitment to your safety and satisfaction, a consultation and patch test may be required prior to your first eyelash extension service. This is to assess any potential allergies or sensitivities and to determine the appropriate lash style and length for your desired look.

Hygiene and Safety: Our salon maintains the highest standards of hygiene and safety. We use sterile and disposable tools and adhere to strict sanitation protocols. We kindly request that you arrive with clean lashes, free from any makeup, oils, or mascara, to ensure optimal adhesion of the lash extensions.

Refill Policy: To maintain the longevity and fullness of your lash extensions, we recommend scheduling refill appointments every 2–3 weeks. Refill appointments should be booked in advance to secure your preferred date and time.

Allergies and Sensitivities: It is essential to inform our technician of any known allergies or sensitivities you may have, including but not limited to adhesives or lash extension materials. We will take the necessary precautions to accommodate your needs.

Aftercare: Following your lash extension service, you will receive detailed aftercare instructions. It is crucial to follow these guidelines to ensure the longevity and health of your lash extensions.

I have read and understood the pre-booking policy for eyelash extension services provided by High Tide Lash Bar, LLC. I agree to comply with the terms and conditions outlined above.

Client printed Name

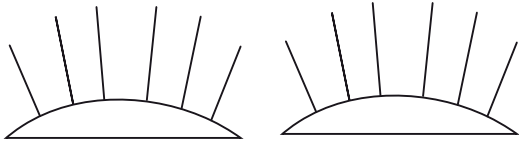
Client signature

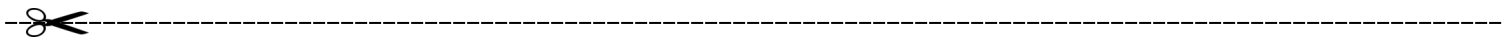
Date

EYELASH EXTENSION

Client Record Form

Full Name: _____ Address: _____ D.O.B: _____
 Phone Number: _____ Email Address: _____

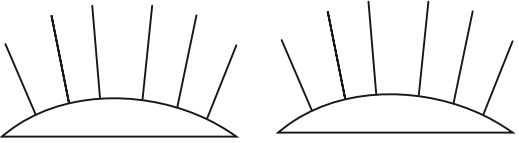
SERVICE:	STYLE:	APPLICATION:	LASH MAP:
<input type="radio"/> Fill <input type="radio"/> Full <input type="radio"/> Removal <input type="radio"/> Other: _____	<input type="radio"/> Natural <input type="radio"/> Round <input type="radio"/> Dull\Cute <input type="radio"/> Cat\Fox <input type="radio"/> Other: _____	<input type="radio"/> Classic <input type="radio"/> Hybrid <input type="radio"/> Volume <input type="radio"/> Other: _____	 <p style="text-align: center;">Right eye Left eye</p>
Length: _____ Curl: _____ Thickness: _____ Adhesive Used: _____ Fans: _____	<p><i>Notes:</i></p> _____ _____ _____		



EYELASH EXTENSION

Client Record Form

Full Name: _____	Address: _____	D.O.B: _____
Phone Number: _____	Email Address: _____	

SERVICE:	STYLE:	APPLICATION:	LASH MAP:
<input type="radio"/> Fill <input type="radio"/> Full <input type="radio"/> Removal <input type="radio"/> Other: _____	<input type="radio"/> Natural <input type="radio"/> Round <input type="radio"/> Dull\Cute <input type="radio"/> Cat\Fox <input type="radio"/> Other: _____	<input type="radio"/> Classic <input type="radio"/> Hybrid <input type="radio"/> Volume <input type="radio"/> Other: _____	 <p style="text-align: center;">Right eye Left eye</p>
Length: _____ Curl: _____ Thickness: _____ Adhesive Used: _____ Fans: _____	<p><i>Notes:</i></p> _____ _____ _____		



EYELASH EXTENSION

Design Consultation

Full Name: _____ Address: _____ D.O.B: _____

Phone Number: _____ Email Address: _____

CLIENT NATURAL LASHES:

EYE SHAPE:

Hooded Almond Monolid Close-set Round Deep-set

EYELASH CURL:

Straight Curly Volume Mixed

LASH THICKNESS:

Fine Medium Thick

EYELASH EXTENSION DESIGN

SERVICE:

Fill
 Full
 Removal
 Other:

STYLE:

Natural
 Round
 Dull\Cute
 Cat\Fox
 Other:

APPLICATION:

Classic
 Hybrid
 Volume
 Other:

Length: _____

Curl: _____

Thickness: _____

Adhesive Used: _____

Fans: _____

Notes:

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EYELASH EXTENSION

Aftercare Advice



Avoid Water and Steam: For the first 24-48 hours after your lash extension service, avoid exposing your lashes to water, steam, saunas, or excessive humidity. This allows the adhesive to fully cure and ensures better lash retention.



Gentle Cleansing: Keep your lashes clean by gently washing them with a lash-safe cleanser. Use a soft brush or your fingertips to cleanse the lash line, taking care to avoid rubbing or pulling on the extensions. Rinse thoroughly with water and pat dry using a clean, lint-free towel.



Avoid Oil-Based Products: Oil-based products can weaken the lash adhesive, causing premature lash loss. Avoid using oil-based cleansers, makeup removers, or any beauty products that contain oils around your eye area. Opt for oil-free and water-based products instead.



Be Gentle with Your Lashes: Avoid rubbing, pulling, or tugging on your lash extensions, as this can cause damage or premature shedding. When drying your face or applying makeup, gently pat or dab the area around your eyes instead of rubbing vigorously.



Avoid Mascara: One of the benefits of lash extensions is that you won't need mascara. Most mascaras are oil-based and can clump or weaken the adhesive bond. If you desire additional volume, ask your technician about volume lashes during your refill appointment.



No Curling or Perming: Do not use mechanical eyelash curlers or undergo any additional chemical lash treatments, such as perming or tinting, as these can damage your lash extensions.



Sleep on Your Back: Try to sleep on your back to avoid rubbing your face against the pillow, which can cause friction and lash breakage. If you're a side or stomach sleeper, consider using a silk or satin pillowcase to reduce friction.



Avoid Excessive Heat: Exposure to excessive heat sources, such as ovens, open flames, and hairdryers, can potentially damage your lash extensions. Be cautious and maintain a safe distance when using heat-producing devices.



Schedule Regular Refill Appointments: To keep your lashes looking full and beautiful, schedule regular refill appointments every 2-3 weeks. This ensures that any grown-out lashes are replaced and maintains the desired lash density.



Be Mindful During Exercise: If you engage in activities that cause excessive sweating, such as intense workouts or hot yoga, try to gently blot your forehead with a clean towel to minimize the moisture that reaches your lashes.