

## Keratin Lash lift customer intake & consent form

Name:	Appointment:	
Address:	Appointment time:	
City:	Technician:	
Province:	Service:	
Postal Code:		
Phone:		
Email:		
I understand the lash lifting service can take anywhere from 60-90 minutes. Eyes must remain closed for the entire duration. Opening of the eyes can change the effectiveness of the solutions due to tearing and/or can cause irritation.		Client initial _____
Who is this procedure NOT good for? Those with chronic dry eyes, conjunctivitis, herpes of the eyes, pregnant, recent severe illness, damaged lashes, lashes with gaps, active eye infections, trichotillomania, or recent chemo treatment.		Client initials _____
I understand and do not have any of these contra indications.		

1. Do you have any allergies to hair dyes, adhesives, perm solutions or other colorants?	Yes ___ no ___
2. Have you had any eyelash extensions or lash lift services in the last 8 weeks?	Yes ___ no ___
3. Have you applied any lash enhancing serums in the last 7 days?	Yes ___ no ___
4. Have you had any recent lazik eye or eyelid surgery, tattoo (brow or eyeliner) in the past 3 months?	Yes ___ no ___
5. Are you at least 16 years of age? If under, do you have parental consent?	Client initial _____
6. I understand that the items I have checked above may increase the risk involved in having the lash lift and/or tint applied, and I do hereby give my consent for the procedure.	_____

Circle your answer!

How would you best describe the length of your natural lashes?	a) very short b) short c) medium d) long e) very long
How would you best describe the texture of your natural lashes?	a) thin hair b) normal hair c) coarse hair d) dry e) oily.
How would you describe the health and condition of your natural lashes?	a) weak b) normal/good c) strong.
How would you describe the form or shape of your natural lashes?	a) very straight b) straight c) slight curl d) curly e) unruly.

I understand that results may vary depending on lash color, texture, natural lash shed, eye shape and aftercare. I understand that not all beauty treatments should be performed under certain medical conditions and illnesses. I confirm that I have answered all the above questions truthfully and fully accept the risks involved of receiving a lash lift and/or tint service, waiving and release Dona Lucia Esthetics Salon Inc. including their employees from any claims and liabilities associated with receiving such treatment. In addition, I have read, understand, and agree with the conditions listed above and would like to proceed with the treatment.

Date: \_\_\_\_\_ client signature: \_\_\_\_\_