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**Eyelash Extensions Intake & Consent Form**

Name:\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? ❑ Social: \_\_\_\_\_\_\_\_\_\_\_ ❑ Friend:\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this the first time you’re having lash extensions applied? ❑ Yes ❑ No  
If you have, what was your experience like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you having lash extensions applied for: ❑ Special occasion ❑ Daily wear Do you wear contact lenses or glasses? ❑ Yes ❑ No  
Do you habitually rub, pull, or pick your lashes for any reason? ❑ Yes ❑ No  
**Do you have, or are you being treated for any eye illness or injury? ❑ Yes ❑No**

Are you able to keep your eyes closed, avoid talking and lie still for up to 2 hours or longer? ❑ Yes ❑ No

What position do you sleep?❑Left ❑Right ❑Stomach ❑Back

Please check off any of the following that might apply to you:

❑ Laser eye surgery

❑ Dry eye  
❑ Pink eye (Conjunctivitis)  
❑ Seasonal allergies  
❑ Allergies to adhesives or synthetics  
❑ Irritated or broken skin  
❑ Recent chemical peel  
❑ Hypersensitivity to cyanoacrylate or formaldehyde  
❑ Hormonal imbalance or extreme stress  
❑ Chemotherapeutic agents used in cancer treatment  
❑ Cataract surgery  
❑ Diabetic Retinopathy  
❑ Drugs that cause temp. hair loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Sty  
❑ Blepharoplasty  
❑ Eczema on lids  
❑ Psoriasis on lids  
❑ Accutane use  
❑ Permanent makeup  
❑ Allergies to latex  
❑ Allergies to acrylic nails

❑ Alopecia  
❑ Lash loss Cataract  
❑ Blepharitis  
❑ Glaucoma

**\*Note: Your privacy is important to us. We will not sell or share your personal information with third parties, unless required by law**

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\_\_\_\_\_\_ I understand that this procedure requires synthetic eyelashes to be adhered on to my own natural eyelashes using the very precise application of placing an extension (classic individual or volume fan) on a single natural eyelash.  
\_\_\_\_\_\_ It’s my responsibility to keep my eyes closed and be still during the entire procedure. Please no small children.

\_\_\_\_\_\_ I acknowledge that I’ve been informed of potentially harmful or negative side effects that may be caused by the application or removal of eyelash extensions and hereby fully release, agree to hold harmless and forever discharge the Lash Technician from all liability, demands, or claims associated with this procedure. **Risks of this procedure may result in, but not limited to, eye redness and irritation. Products used during this procedure may release fumes and can cause eyes to water. If any unusual symptoms, injury or allergy is suspected, all future appointments will cease until cleared by your physician.**

\_\_\_\_\_\_ I agree to disclose all medical history and any changes when returning, including skin conditions and/or any allergies that I may have to latex, surgical tapes, cyanoacrylate, etc. If yes, list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I understand that having eyelash extensions requires careful maintenance. I agree to follow the aftercare instructions given to me, especially, daily cleansing.

\_\_\_\_\_\_ I understand that a non-refundable deposit (15% of service) may be required for booking (goes towards total price) and is subject to change at any time. No refunds are issued on any services, exchanges are made on defective items only.

\_\_\_\_\_\_ **If I need to cancel or reschedule any of my appointments, I will inform Lash Tech ASAP. If I give less than a 24-hr. notice, I agree to pay (50% of service) or ($30 rescheduling fee) if no call/no-show, service will be refused from that point on.**

\_\_\_\_\_\_ Arriving late will reduce the time of service. If I am more than 10. minutes late, I understand my appointment may need to be rescheduled and may be subject to a rescheduling fee.  
\_\_\_\_\_\_ Fill prices **depend** on quantity remaining. Anything less than **35 lashes per eye or after 30 days since last service, will require a FULL SET.** Refill pricing on work done elsewhere is calculated and based on consultation. Removal may be required.

\_\_\_\_\_\_ I agree to show up to my appointment without any eye makeup. If I show up with makeup, it will need to be removed (**cleansing fee $15**). Extension application time may be reduced due to time spent on removing makeup.

\_\_\_\_\_\_ I give permission to “Defined Diamonds Beauty&CO” to show my before and after photos and/or videos to other potential clients as needed without claim (e.g. Facebook, Instagram, website, etc.) Please mark: ❑Yes ❑No  
\_\_\_\_\_\_ I consent to having a text message and/or email reminder 24-48 hours before appointment (if so, please make sure cell phone number is provided.) Preferred correspondence: ❑Phone/Text ❑Email

\_\_\_\_\_\_ I understand “Defined Diamonds” reserves the right to refuse service to anyone at any time for any reason.  
\_\_\_\_\_\_ I have been offered a patch test and ❑ patch test was performed \_\_\_\_\_\_\_ ❑ I decline a patch test.  
\_\_\_\_\_\_ I confirm that I have read and fully understand all risks and am signing voluntarily, agreeing to proceed with services.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tech Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian (if underage): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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