

# Eyelash Extension

## CLIENT INDEMNITY FORM

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### Client Information

FIRST NAME

SURNAME

HOME ADDRESS

CITY

POSTCODE

EMAIL

PHONE

DATE OF BIRTH

I'D LOVE TO SIGN UP FOR SPECIAL DEALS AND UPDATES!

### Safety Information

PLEASE TICK APPLICABLE BOXES:

RECENT EYE SURGERY

RECENT ILLNESS OR OPERATIONS

RECENT EYE IRRITATION OR INJURY

PREGNANT OR BREASTFEEDING

DRY EYES

ANY MEDICAL CONDITIONS THAT MAY CAUSE  
HAIR OR EYELASH LOSS; HYPERTHYROIDISM,  
ALOPECIA AREATA

SEASONAL ALLERGIES

TRICHOTILLOMANIA (HAIR PULLING DISORDER)

EYE INFECTION

CHEMOTHERAPY (LAST 6 MONTHS)

PERMANENT EYELINER

CONTACT LENSES

PREVIOUS ALLERGIC REACTION TO EYELASH  
EXTENSION ADHESIVE

FREQUENT EYE IRRITATION, ITCHING OR  
WATERING

VERY OILY HAIR/SKIN

BLEPHAROPLASTY

ALLERGIES TO ADHESIVES FOUND IN  
BANDAIDS AND MEDICAL TAPE

BLEPHARITIS (INFLAMMATION OF EYELIDS)

ALLERGIES TO ACRYLATE ADHESIVE  
(SURGICAL GLUE)

HORMONAL IMBALANCE

ALLERGIES TO ACRYLIC

OTHER MEDICAL:

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# Client Consent

I ACKNOWLEDGE THAT THE NATURE AND PROCESS OF EYELASH EXTENSION PROCEDURE HAS BEEN FULLY EXPLAINED TO ME, I UNDERSTAND THAT THERE ARE USUAL RISK INHERENT IN THE PROCEDURE AND THE POSSIBILITY OF COMPLICATIONS DURING AND AFTER IT'S PERFORMANCE AS LISTED BELOW.



THE ADHESIVE CONTAINS FUMES WHICH MAY CAUSE AN ALLERGIC REACTION IN CERTAIN CIRCUMSTANCES. NEVER OPEN YOUR EYES DURING THE APPLICATION AS THE ADHESIVE AND FUMES MAY CAUSE TEMPORARY OR PERMANENT BLINDNESS. TECHNICIANS AT LASH VISION TAKT THE UTMOST CARE AND ARE TRAINED TO THE HIGHEST STANDARDS.



YOU MUST WASH YOUR LASHES IN COOL WATER AND PROFESSIONAL CLEANSER WITHIN 20 MINUTES OF YOUR TREATMENT TO MINIMISE REACTION POSSIBILITY.



YOU MUST NOT WEAR MAKEUP, RUB YOUR EYES OR PARTICIPATE IN ACTIVITIES SUCH AS SPORT, EXCESSIVELY HOT SHOWER, SAUNA OR SPA WITHIN 24 HOURS AFTER YOUR TREATMENT.



THERE ARE SOME PRODUCTS WHICH MAY INFLUENCE THE LONGEVITY / RETENTION OF EYELASH EXTENSIONS: MEDICATION, MAKEUP REMOVERS, STRESS, MASCARA, EYELASH GROWTH CYCLES AND SKIN CARE PRODUCTS.



EYELASH EXTENSIONS REQUIRE CLEANSING DAILY WITH PROFESSIONAL PRODUCTS.



NO OIL BASED PRODUCTS ARE TO BE USED PRIOR TO HAVING EYELASH EXTENSIONS.



EYELASHES SHOULD NOT BE PERMED OR TINTED WITHIN 48 HOURS OF EXTENSION REMOVAL AND NEVER WHILST WEARING LASHES.



REFILLS ARE REQUIRED EVERY 2-3 WEEKS.



CORRECT EYELASH CARE IS REQUIRED TO MAINTAIN AND PROTECT LASHES, INCORRECT CLEANSING OR BRUSHING CAN CAUSE DAMAGE.



NOT ALL HAIR IS AT THE SAME STAGE AS GROWTH, THEREFORE SOME LASHES WILL SHED BEFORE OTHERS, THIS IS NOT DUE TO IMPROPER APPLICATION. ON AVERAGE YOU WILL LOSE 1-5 EXTENSIONS DAILY.



NEVER ATTEMPT TO REMOVE EYELASH EXTENSIONS YOURSELF. LASHES MUST BE REMOVED BY A QUALIFIED TECHNICIAN. IMPROPER CARE CAN CAUSE DAMAGE TO YOUR NATURAL LASHES.



THERE IS NO GUARANTEE THAT THE PROCEDURE WILL LAST THE RECOMMENDED TIME. NO REFUND WILL BE ISSUED ON ANY PROCEDURES.

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I understand that i have the right to a patch test 24 hours prior to application. If I waive the right to such a test i will be fully responsible for any consequences of any allergy that may result in association with the eyelash extension procedure. I understand I need to inform my therapist of any medical changes that have occurred prior to having my lashes infilled.

I hereby acknowledge that all information provided is correct and that I am fully aware of all the risks of the eyelash extension application procedure. I therefore take full responsibility for all possible outcomes of the procedure as listed above.

CLIENT NAME

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DATE

SIGNATURE

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I grant permission for Lash Vision Academy to use my photograph, video. or other digital media in any and all of its publications. including web-based publications and social media. without payment or other consideration.

# Client Specifics

## CLIENTS EYE SHAPE

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> CLOSE SET EYES | <input type="checkbox"/> PROPORTIONED           | <input type="checkbox"/> CLOSED |
| <input type="checkbox"/> ROUND EYES     | <input type="checkbox"/> HOODED EYE             | <input type="checkbox"/> OPEN   |
| <input type="checkbox"/> WIDE EYES      | <input type="checkbox"/> DOWNWARD FACING EYE    |                                 |
| <input type="checkbox"/> DEEP SET EYES  | <input type="checkbox"/> ALMOND EYE / ASIAN EYE |                                 |
|   | <input type="checkbox"/> MONOLID                |                                 |

## EYELASH EXTENSION STYLE NOTES

- |   |   |
|---|---|
| <input type="checkbox"/> CLASSIC HALF SET | <input type="checkbox"/> RUSSIAN VOLUME |
| <input type="checkbox"/> CLASSIC FULL SET | <input type="checkbox"/> HYBRID         |

- |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1D | <input type="checkbox"/> 4D | <input type="checkbox"/> 5D | <input type="checkbox"/> 7D |
| <input type="checkbox"/> 2D | <input type="checkbox"/> 3D | <input type="checkbox"/> 6D | <input type="checkbox"/> 8D |

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> CAT EYE     | <input type="checkbox"/> NATURAL SWEEP |
| <input type="checkbox"/> DOLL EFFECT | <input type="checkbox"/> CUSTOM:       |

- |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0.03MM | <input type="checkbox"/> 0.06MM | <input type="checkbox"/> 0.10MM | <input type="checkbox"/> 0.15MM |
| <input type="checkbox"/> 0.05MM | <input type="checkbox"/> 0.07MM | <input type="checkbox"/> 0.12MM |                                 |

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> J CURL  | <input type="checkbox"/> DD CURL |
| <input type="checkbox"/> B CURL  | <input type="checkbox"/> L CURL  |
| <input type="checkbox"/> CC CURL | <input type="checkbox"/> LC CURL |
| <input type="checkbox"/> C CURL  | <input type="checkbox"/> LD CURL |
| <input type="checkbox"/> D CURL  | <input type="checkbox"/> M CURL  |

NOTES:

