



## Permanent Make up

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

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

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

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

How may we contact you regarding scheduled appointments or specials? Check all that apply:

Text message  Email  Home phone  Mobile phone  Business phone

When do you prefer to be contacted?  Morning  Afternoon  Evening

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact phone #: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How did you hear about us?

\_\_\_\_\_ Name of  
person who referred you: \_\_\_\_\_ Phone: \_\_\_\_\_

Question	Y	N	Date & Frequency	Adverse Reactions?	Stylist Notes
				<i>Describe symptoms</i>	
1. Have you received eyelash extensions before?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Have you had eyelash extensions removed?	<input type="checkbox"/>	<input type="checkbox"/>			
3. Have you used under eye gel patches before?	<input type="checkbox"/>	<input type="checkbox"/>			
4. Have you had permanent cosmetics applied to your eye area?	<input type="checkbox"/>	<input type="checkbox"/>			
7. Do you have a tendency to rub your eyes or pull on your eyelashes?	<input type="checkbox"/>	<input type="checkbox"/>			
8. Do you go tanning (in salon or outside) or get spray tans?	<input type="checkbox"/>	<input type="checkbox"/>			

10. Which side do you sleep on?  Right

Left

Back

Stomach

***Please note that you may experience more eyelash extension loss on the side on which you sleep.***

***Basic makeup application and normal lifestyle can resume after the eyelash extension application. However, the following activities should be avoided within the first 3 hours: spray or airbrush tanning, exposure to excessive steam, exposure to excessive heat, contact lenses insertion***

### MEDICAL HISTORY:

Questions	Y	N	Type(s)	Date & Frequency	Adverse Reactions?	Stylist Notes
					<i>Describe symptoms</i>	
<b>9. Do you have an allergy to any of the following? If yes, please provide additional information.</b>						
Acrylates or cyanoacrylates? (Example: Dermabond)	<input type="checkbox"/>	<input type="checkbox"/>				
Nail adhesives?	<input type="checkbox"/>	<input type="checkbox"/>				
Tape (bandages)?	<input type="checkbox"/>	<input type="checkbox"/>				
Long-lasting or waterproof cosmetics?	<input type="checkbox"/>	<input type="checkbox"/>				
Cosmetic, skin care products, topical creams or other topical products or	<input type="checkbox"/>	<input type="checkbox"/>				

ingredients?						
Any allergies not including those listed above?	<input type="checkbox"/>	<input type="checkbox"/>				
<b>10. Have you had or used any of the following in the last 4 weeks?</b>						
Eye surgery, wounds or infections?	<input type="checkbox"/>	<input type="checkbox"/>				
History of eye disease, condition, injury or surgery that affected your hair/natural eyelash growth or loss?	<input type="checkbox"/>	<input type="checkbox"/>				

11. How would you describe your hair growth cycle as compared to others?  Slow  Fast  Unsure

12. Please note that **medications** used to treat the following conditions may cause hair/natural eyelash loss. If you are on medications to treat any of the following, please mark them below:

- Acne
- Allergies (when treated with non-steroidal anti-inflammatory drugs (NSAIDs))
- Anticoagulants
- Autoimmune diseases
- Birth control\*
- Convulsions/ epilepsy
- Depression
- Diet/ weight loss
- Dry eye syndrome
- Fungus

\*Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural lashes.

13. Please mark all conditions that apply:

- Dry eye syndrome
- Eye sties or sores
- Heavy eyelid

Hormonal disorders or changes  Leamy eye or excessive tearing  Migraines

Ocular rosacea

Trichotillomania (hair or eyelash pulling)  Other: \_\_\_\_\_

## Waiver & Release Form

I authorize Solaris Laser & skin care LLC, \_\_\_\_\_ (Professional Name/Business Name), to perform the semi-permanent eyelash extension procedure. I understand this procedure requires individual synthetic eyelashes to be glued to my own natural lashes. I understand that it is my responsibility to remain still during the application and to keep my eyes closed during the entire process until otherwise advised. I have been fully informed as to the methods and procedures concerning the semi-permanent eyelash extension application. The known risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications, such as transient eye redness and irritation and allergic reaction to the adhesive, under eye gel patches or any other products used. If at any time I am uncomfortable with the eyelash extension procedure, I will inform the stylist and s/he will gladly rectify the problem, including ending the session if I (or the stylist) wish. If the

stylist is uncomfortable applying lashes to me, s/he will discuss his/her concerns with me and may end the session if necessary. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this service have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Client Registration & History Form and the Client Consultation & Design Form all conditions and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

I understand the longevity of my eyelash extensions requires my careful maintenance. I understand basic make-up application and normal lifestyle can resume after the application. However, during the first 3 hours after the application I should avoid replacing contact lenses, water, liquids, steam, excessive heat, and cosmetics (skincare, mascara, etc.) for extended longevity and flexibility of my eyelash extensions. I also understand that even after the first 3 hours, I need to avoid the following activities: excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics. Using mechanical curlers or crimping lashes in any way is not recommended while wearing eyelash extensions.

I, as herein signed, release, give up, acquit and discharge Solaris Laser & skin care LLC. associated with said individual from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree that in the event any litigation ensues, it shall be placed before the American Arbitration Association for resolution. I agree that in the event a decision is determined in favor of one party over the other, the prevailing party shall be entitled to reasonable attorney fees and costs as set by the arbitrator.. I release Solaris any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

Please read the following statement and sign and date on the line to indicate that you have read, understand and accept the following statement:

I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I certify that I have consulted with and have read all applicable literature given to me. I have completed the Client Registration & History Form and the Client Consultation & Design Form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and I am fully capable of executing this waiver and release form for myself. I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time. I, the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs. .

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

Client Full Name: \_\_\_\_\_ Client  
Signature: \_\_\_\_\_