



Information

You will need to be comfortable lying flat for a few hours.

You cannot have any signs/symptoms of infections and must be fully recovered from eye surgery, permanent makeup application.

You should not book if you have allergies/sensitivities to acrylates or cyanoacrylates.

Pre-Appointment Preparations

Arrive on time with eyes free of makeup, moisturizers, serums
(may not use for at least 24 hours prior to application)

Shower prior to appointment (Heat/humidity will reduce retention)

DO NOT wear contacts the day of your appointment.

DO NOT receive chemical treatments to lashes less than 48 hours prior to lash extension appointment (Tints, perms, etc.)

Ensure you have completely recovered from any recent treatments (waxing, chemical peel, permanent makeup, re-surfacing procedure)



Lotus

SALON & SPA Eyelash/Health

History Form

Name (print first and last):

D.O.B:

Have you had lash extensions before?

If yes, when? _____ How often?

Any adverse reactions?

Have you had lash extensions removed?

If yes, when? (must wait 48
hr) _____

Any adverse reactions?

Have you used under eye gel pads?

If yes, any adverse reactions?

Have you had permanent makeup applied?

If yes, when?

(Please provide evidence of clearance from service provider)

Do you wear contacts?

If yes, please DO NOT wear contacts the day of your lash appointment

Do you rub your eyes or pull on lashes?

If yes, indicate which:

Do you go tanning? (UV or Spray Tan):

If yes, you must wait 24hr before and after lash application

Are you pregnant?

If yes, have you consulted your doctor?

Which side do you sleep on?

Do you exercise?

If yes, note, excessive sweat may decrease lash retention

Are you on a special diet?

If yes, note, diet may affect hair growth/lash retention

Do you have an allergy to any of the following?

- Acrylates\Cyanoacrylates
- Nail adhesives
- Tape
- Latex
- Long lasting/waterproof makeups (mascara, liquid liner, etc.)
- Cosmetic/skincare products
- None
- Other _____

Have you recently had any of the following?

- Eye Surgery, wounds, infections
- Exfoliation, skin tightening or resurfacing treatments (microdermabrasion, chemical peel, etc.)
- Use of Retin-A, Accutane or similar
- History of eye disease, or condition
- Other _____

How would you describe your hair growth?

Please note, medications used to treat the following conditions may cause natural hair/lash loss. Please indicate if you have any of the below conditions and are using medications to treat:

Acne	Glaucoma	Parkinson's	Inflam
Thyroid Disease	Clotting Disorder	Weight Loss	Allergi
Birth Control	Gout	Dry Eye	Fungus
Cancer	High Blood Pressure	Ulcers	Depress
Autoimmune Disease	High Cholesterol	Seizure Disorder	Hormon Imbalan

List all current medications, herbal supplements, and vitamins:

Please circle all conditions that apply:

Alopecia	Migraines	Dry Eye
Asthma	Ocular Rosacea	Eye Sties or Sores
Back Pain	Overactive Bladder	Heavy Eyelids
Blepharitis	Rosacea	Leamy Eye
Bronchitis	Seizure Disorder	Hormonal Disorder
Claustrophobia	Sensitive Eyes	Auto Immune Disease
Cold Sores	Light Sensitivity	Redness/Rash/Hives
Conjunctivitis	Sinus Problems	Diabetes
Stress	Trichillomania	Stroke
Thyroid Disease	None	Other

If other, please explain:

Please return this form, along with consent form AT LEAST 24 HOURS prior to your lash extension appointment. If you have/had any of the diseases/conditions/procedures listed in this history form

please ensure that you have: surpassed the healing time frame, do not have any open wounds/sores, completed antibiotics/medications/serums prior to your appointment.

Eyelash Extension Consent Form

I, _____ (print first and last name), agree to have eyelash extensions applied to my natural eyelashes and/or removed and retouched. By signing this agreement, I consent to the placement and removal of eyelash extensions by the certified eyelash extension professional.

_____ (initial) I understand that there are risks associated with having artificial eyelashes applied to, or removed from my natural lashes. I further understand that as part of the procedure, eye irritation, pain, itching, discomfort, and in rare cases, infection or blindness can occur. I agree that if I experience any of these medical conditions with my eyelashes I will contact the certified eyelash extension professional immediately and consult a physician at my own expense. I understand that even though the certified eyelash extension professional applies and/or removes the artificial lashes using the proper technique, instruments, tapes, cleansers, eye pads, adhesives, and removers used may irritate my eyes or require a physician follow-up care and subsequent removal of the eyelash extensions.

_____ (initial) I understand and agree to the care instructions provided by the eyelash extension professional for the use and care of my eyelash extensions.

_____ (initial) I understand and consent to having my eyes closed and covered for the duration of the 60-180 minute procedure. I understand that if I fail to lie flat and still it may prevent application of eyelash extensions. I understand that failure to lie still may cause the undereye pads/tape to move and cause irritation/injury to my eye(s). I understand that eye irritation/injury may result in the need to consult a physician and the physician cost will be my responsibility.

_____ (initial) I have read and understand the eyelash extension aftercare and agree to do my part to maintain my lashes. I realize and accept the

consequences of failure to adhere to these instructions may cause the eyelash extensions to fall out, damage the extensions, and/or decrease the time the lashes will last.

_____ (initial) I have completed the eyelash and health history form and agree that all information provided is complete and true.

_____ (initial) This agreement will remain in effect for this procedure and all future procedures conducted by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over the age of 18 and consent to the agreement and treatment.

I release my technician and salon from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has professionally been trained to use. There is no guarantee for the bonding time of the eyelash extensions. This salon is not responsible for any technician errors. I understand that there are many factors that may affect the life of the extensions such as: water and moisture contact, weather conditions, and activities involving exposure to high/low temperatures.

By signing below I verify that I have read and understand the above statements and agree to them.

Sign: _____ Date: _____

Print: _____

Technician Sign: _____



Consent

I, _____ (print full first and last name), agree to Lotus Salon and Spa, and its employees, using my photo, and/or video in any online communities or forums (including but not limited to Facebook, Instagram, and other online media sources. Lotus Salon and Spa, and its employees, right of use shall include the right to publish, adapt, exhibit, reproduce, edit, distribute and display my image or likeness in connection with any product or service for any purpose including: Promotion, advertising, and trade in all markets, media, or technology now known or hereafter developed. I shall not have any entitlement to compensation for any content used.

Signature

Date

Parent Signature if under 18 years

Date



Aftercare Information

- Only clean lashes with lash extension cleaner daily
- Do not use mascara, especially waterproof
- Use a CLEAN mascara spoolie to comb lashes after cleansing
- DO NOT use fingers to adjust lashes-oils on hand will transfer to lashes
- Avoid extreme temperatures and humidity (no hot showers, saunas)

- Schedule a fill appointment every 2-3 weeks for best longevity
- DO NOT remove lashes yourself. Only have lashes removed professionally

Any questions, comments, or concerns please contact Sarah at (315) 824-3000