

REGISTRATION AND HISTORY FORM

Client Name:				Date	e:
Address:					
City:				State:	
Home #: Business #:				Cell #:	Fax #:
Email:					
acebook Account:					
How may we contact you regarding sc	hedu	led a	ppointments or s	pecials? Check all that appl	y:
☐ Text Message ☐ Email			Home Phone	Business Phone	■ Mobile
When do you prefer to be contacted?				□ Afternoon	Evening
Birthday:					
Sex: Demale Demale Age:O					
Emergency contact name: Emergency contact phone #:					
How did you hear about us?					
Name of person who referred you:					
Question	Υ	N	Date &	Adverse Reactions?	Stylist Notes
Question	•		Frequency	Describe symptoms	Otylist Notes
. Have you ever received eyelash			rrequericy	Describe symptoms	
extensions?					
. Have you had eyelash extensions removed?					
. Have you used under eye gel patches before?					
Have you had permanent cosmetics applied to your eye area?					
. Do you wear glasses?					
Do you wear daily disposable, extended wear or permanent contacts?					
. Do you have a tendency to rub your eyes or pull on your eyelashes?					
. Do you go tanning (in salon or outside) or get spray tans?					
. Are you pregnant?			Which		
If yes, have you discussed having this service with your doctor?			trimester? □1 □2 □3		
 Which side do you sleep on? □ Right □ Left □ Back □ Stomach Please note that you may experie 					_

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4.							
12.	Are you on a special diet? Yes* No Please be advised that healthy natural addition, low-carb, low-protein and quor damage to hair/natural eyelashes. If client is on a special diet recommend.	ick-results diets may d Amplifeye [®] Lash & E	affect a body's chemic Brow Fortifier and Ampl	al balance, which can lead to loss			
	Product Name & Brand	Frequency (Per day / We		Stylist Notes			
Fac	ial Cleanser:						
Facial Mask:							
Facial Toner:							
Fac	ial Primer:						
Day	Moisturizer:						
Nig	ht Moisturizer:						
Fac	ial Sunscreen:						
Eye	Treatment:						
Eye	Primer:						
Eye	Cream:						
Eye	Serum:						
Eye	Eye Makeup Remover:						
Eye	Eyeliner:						
Eye	Shadow:						
Mas	scara:						
Eye	lash Fortifier/ Conditioner:						
Bro	Brow Products						
Hai	r, Skin and Nail Supplements						

Frequency

Times / Week

Indoors or Outdoors?

Do you exercise?

☐ Yes (If yes, fill out the chart below.)

Type of Activity

11.

2. 3. **Stylist Notes**

of

MEDICAL HISTORY:

Questions	Υ	N	Type(s)	Date & Frequency	Adverse Reactions? Describe symptoms	Stylist Notes			
14. Do you have an allergy to any of the following? If yes, please provide additional information.									
Acrylates or cyanoacrylates? (Example: Topical skin adhesives)									
Nail adhesives?									
Tape (bandages)?									
Long-lasting or waterproof cosmetics?									
Cosmetic, skin care products, topical creams or other topical products or ingredients?									
Any allergies not including those listed above?									
15. Have you had or used an	ıy of	the	following in the I	ast 4 weeks?					
Eye surgery, wounds or infections?									
Exfoliating, skin- tightening or skin- resurfacing facial treatments? (Examples: Acne treatments, chemical peels, microdermabrasion, laser)									
Retin-A, Accutane or similar product?									
History of eye disease, condition, injury or surgery that affected your hair/natural eyelash growth or loss?									
similar product? History of eye disease, condition, injury or surgery that affected your hair/natural eyelash			growth evels as o	ompared to other	re? □ Slow □Fact				

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

17.			that <u>medications</u> used to treat the to treat any of the following, pleat		nay (cause hair/natural eyelash loss. If you are on
	nat	an Au Bir Co De Dr Fu thoug	ergies (when treated with non-st ti-inflammatory drugs (NSAIDS)) ticoagulants toimmune diseases th control* onvulsions/ epilepsy epression et/ weight loss y eye syndrome ngus h these are not medical condition yelashes.	ns, birth control and horr	mone	Glaucoma Gout High blood pressure High cholesterol Hormone imbalance, hormone therapy* Inflammation (when treated with NSAIDS) Parkinson's disease Thyroid disease Ulcers Cancer e therapy may result in the thinning or loss of
18.			nt medications, herbal supplemer	nts and vitamins:		
f	asic mal	Alop Asth Auto arthr Back Bell': Blep Bron Clau Conj Diab Diab Dry e Eye : Heav	immune diseases (Crohn's diseases itis, lupus, ulcerative colitis, etc.) a pain serial Palsy haritis (chronic) strophobia sore unctivitis (pink eye) etes etic retinopathy eye syndrome sties or sores by eyelid application and normal lifestyle pities should be avoided within	e can resume after the the first 3 hours: spray	eyel	Hormonal disorders or changes Leamy eye or excessive tearing Migraines Ocular rosacea Overactive bladder Rosacea Seizure disorder Sensitive eyes Sensitivity to light Sinus problems Stress Stroke Tendency of redness, rashes or hives Thyroid disease Trichotillomania (hair or eyelash pulling) Other: ash extension application. However, the airbrush tanning, exposure to excessive the Lashes® cosmetics & skincare products
	Date			Additional Co	mme	ents

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