



Eye Lash Extension Consultation Form

Today's Date ___/___/___

Contact Information:

Name: _____ D.O.B: ___/___/___

Address: _____

City, State, Zip: _____

Phone _____ Email _____

Medical Information:

Allergies

Pregnancy

Blepharitis

Asthma

Vertigo

Claustrophobia

Chronic Dry Eyes

Conjunctivitis

Glaucoma

Diabetic Retinopathy

Cataracts

Trichotillomania

Cyanoacrylate Allergy

Other (please specify): _____



Client Consent Form

- I understand that I should not get my eyelash extensions wet within the first 24 hours after application.
- I understand that I should not receive any facial procedures 24 hours prior as well as 48 hours after the application.
- I understand that there are many variables including techniques, expertise, hair growth cycles, use of cosmetics, skin care products and the overall care given, that will influence how long my eyelash extensions remain in place.
- I acknowledge that I should not rub my eyes or pull on my lashes after eyelash extensions have been applied.
- I understand that if eyelash extensions have previously been improperly applied by a certified eyelash technician at other salons, there is a risk of eye damage and harm to my vision that Monica Hayes Makeup, LLC is not responsible for.
- I have been advised that using mascara on a regular basis can shorten the length of time my extensions remain in place. I have also been advised not to use waterproof mascara or oil base products on my eyelash extensions.
- I understand that touch-up appointments will be necessary 2-3 weeks after the application, and that there will be an additional fee for this procedure.
- I understand that the following conditions may occur after the application if not cared for properly: discomfort, redness and infection.
- I understand that all precautions will be taken during my treatment, not all risks can be known in advance.
- I have read and discussed the above information with my certified eyelash technician and authorize the application of the eyelash extensions to my natural eyelashes.
- I authorize Monica Hayes Makeup, LLC to use my pictures for future training and marketing purposes.
- I understand that I will not be eligible for a refund in case of unsatisfactory results.

Client Signature _____

Date _____

Minor Consent

I hereby give consent for my minor (under the age of 18) _____ *Minor Full Name* _____ to receive services provided by Monica Hayes Makeup, LLC. I understand that Monica Hayes Makeup, LLC is responsible for injury arising because of the unreported condition, and/or concern. I understand that it is my responsibility to ask questions or address concerns prior to my minor child receiving services.

I, _____ *Adult Full Name* _____, authorize my minor child to receive services provided by Monica Hayes Makeup, LLC without my presence in the salon or treatment room. I release Monica Hayes Makeup, LLC from any and all liability for today's visit and any future visits.

Parental Signature for minor _____ Date _____