



BLEUPRINT

Hair Studio

Eyelash Extensions Intake & Consent Form

Name: _____ Date: ____/____/____

Address: _____ Birthdate: ____/____/____

City: _____ State: _____ ZIP: _____ Phone: _____

Email: _____ Occupation: _____

How did you hear about us? Social: _____ Friend: _____ Other: _____

Is this the first time you're having lash extensions applied? Yes No

If no, what was your experience like? _____

Are you having lash extensions applied for: Special occasion Daily wear

Do you wear contact lenses or glasses? Yes No

Do you habitually rub, pull, or pick your lashes for any reason? Yes No

Do you have, or are you being treated for any eye illness or injury? Yes No

Are you able to keep your eyes closed, avoid talking and lie still for up to 2 hours or longer? Yes No

What position do you sleep? Left Right Stomach Back

Please check off any of the following that might apply to you:

- | | |
|--|---|
| <input type="checkbox"/> Laser eye surgery | <input type="checkbox"/> Sty |
| <input type="checkbox"/> Dry eye | <input type="checkbox"/> Blepharitis |
| <input type="checkbox"/> Pink eye (Conjunctivitis) | <input type="checkbox"/> Blepharoplasty |
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> Eczema on lids |
| <input type="checkbox"/> Allergies to adhesives or synthetics | <input type="checkbox"/> Psoriasis on lids |
| <input type="checkbox"/> Irritated or broken skin | <input type="checkbox"/> Accutane |
| <input type="checkbox"/> Recent chemical peel | <input type="checkbox"/> Permanent makeup |
| <input type="checkbox"/> Hypersensitivity to cyanoacrylate or formaldehyde | <input type="checkbox"/> Allergies to latex |
| <input type="checkbox"/> Hormonal imbalance or extreme stress | <input type="checkbox"/> Allergies to acrylic nails |
| <input type="checkbox"/> Chemotherapeutic agents used in cancer treatment | <input type="checkbox"/> Alopecia |
| <input type="checkbox"/> Cataract surgery | <input type="checkbox"/> Lash loss |
| <input type="checkbox"/> Drugs that cause temp. hair loss: _____ | |



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***Please Initial**

_____ I understand that this procedure requires synthetic eyelashes to be adhered on to my own natural eyelashes using the very precise application of placing an extension (classic individual or volume fan) on a single natural eyelash.

_____ It's my responsibility to **keep my eyes closed** and be still during the entire procedure. Please no company during appt.

_____ I acknowledge that I've been informed of potentially harmful or negative side effects that may be caused by the application or removal of eyelash extensions and hereby fully release, agree to hold harmless and forever discharge Erica A. Heagy from all liability, demands, or claims associated with this procedure. Risks of this procedure may result in, but not limited to, eye redness and irritation. Products used during this procedure may release fumes and can cause eyes to water. If any unusual symptoms, injury or allergy is suspected, all future appointments will cease until cleared by your physician.

_____ I agree to disclose medical conditions including skin conditions and/or any allergies that I may have to latex, surgical tapes, cyanoacrylate, etc. If yes, list: _____

_____ I understand that having eyelash extensions requires careful maintenance. I agree to follow the aftercare instructions given to me, especially, daily cleansing.

_____ I understand that a non-refundable deposit (30% of service) may be required for booking (goes towards total price) and is subject to change at any time. No refunds are issued on any services, exchanges are made on defective items only.

_____ If I need to cancel any of my appointments, I will inform you ASAP. I will forfeit my deposit if I give less than a 24-hr. notice, and/or agree to pay a rescheduling fee (50% of service) or if no call/no-show (100% of service) if spot can't be filled.

_____ Arriving late will reduce the time of service. If I am more than 15 minutes late, I understand my appointment may need to be rescheduled and will be subject to the no-show fee above.

_____ Fill prices are based on a 40% requirement. Anything less than 30 lashes per eye or after 30 days since last service, will require a full set. Refill pricing on work done elsewhere is calculated and based on consultation. Removal may be required.

_____ I agree to show up to my appointment without any eye makeup. If I show up with makeup, it will need to be removed (cleansing fee \$10). Extension application time may be reduced due to time spent on removing makeup.

_____ I give permission to Erica A. Heagy dba "Bleuprint Hair Studio" to show my before and after photos and/or videos to other potential clients as needed without claim (e.g. Facebook, Instagram, website, etc.) **Please mark:** Yes No

_____ I consent to having a text message and/or email reminder 24-48 hours before appointment (if so, please make sure cell phone number is provided.) Preferred correspondence: Phone/Text Email

_____ I understand "Bleuprint Hair Studio" reserves the right to refuse service to anyone at any time for any reason.

_____ I have been offered a patch test and patch test was performed _____ I decline a patch test.

_____ I confirm that I have read and fully understand all risks and am signing voluntarily, agreeing to proceed with services.

Client Signature: _____ Date: _____

Client Name (Print): _____ Age: _____

Parent / Guardian (if under 18 years): _____ Date: _____