



EYELASH LIFT/TINT CONSENT FORM

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Telephone (home) _____ (work) _____ (cell) _____
 E-mail address _____
 Birthdate _____ How did you hear about us? _____

Personal Data:

Have you had an eyelash lift in the past? Yes No If yes, when? _____
 Have you ever used hair color/eyelash tint? Yes No
 Have you ever had an allergic reaction to hair color/eyelash tint? Yes No
 Do you wear contact lenses? Yes No
 Are you currently using eye drops of any kind, prescription or over-the-counter? Yes No
 Do you have a history of dry eyes or Sjorgen's Syndrome? Yes No
 Do you have a history of recurrent eye or tear duct infections? Yes
 List any allergies you have: _____

List any illnesses, medical conditions or treatments you have recently received that would prohibit or compromise the process and retention of this eyelash lift: _____

Please initial the following statements:

- _____ I understand that there are risks associated with having an eyelash lift.
- _____ I understand that as part of the eyelash lift procedure, eye irritation, eye pain, itching, discomfort and in rare cases, eye infection or blurriness could occur.
- _____ I agree that if I experience any of these conditions with my eyelashes or eyes that I will contact my technician. I may choose to consult a physician at my own expense.
- _____ I understand that the instruments, tapes, cleaners, eye gel pads, adhesives and/or removers may irritate my eyes or require a physicians follow-up care, even though my technician utilized correct techniques and followed proper safety protocols.
- _____ I understand that an eyelash lift will lift my natural eyelashes. Depending on my natural eyelash length and strength, results may vary.
- _____ I understand and agree to the care instructions provided by my technician for the use and care of my lashes after my eyelash lift. I realize and accept that the consequences of failure to adhere to these instructions may cause the eyelashes to not stay as lifted as long as originally advised.
- _____ I understand and consent to having my eyes closed and covered for the entire duration of the procedure.

I understand that no water can come in contact with the eye area for 24 hours after application. This agreement will remain in effect for this procedure and all future procedures conducted by my technician. I have read the above information and if I have any questions/concerns, will address them with my technician. I give permission to my esthetician/technician to perform the eyelash lifting procedure and will not hold him/her or Pure Eco Spa liable for any harm from this treatment. I have accurately answered the questions above, including all known allergies, prescriptions drugs or products I am currently ingesting or using topically. I understand my esthetician/technician will take every precaution to minimize or eliminate negative reactions as much as possible. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I certify that I have read and fully understand the above paragraphs. I understand the procedure and accept the risks. I do not hold the esthetician/technician responsible for any of my conditions that were present but not disclosed at the time of this procedure that may be affected by this treatment.

Client Signature _____ Date _____