

Michelle's Salon and Spa at Five Seasons

Lash Lift Client Release Form



Name: _____ Phone #: _____

Address: _____

Email Address: _____ Age: _____

Previous discomfort, stinging or adverse reactions to any of the following? Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Inflammation of the skin | <input type="checkbox"/> Allergies to Acetone |
| <input type="checkbox"/> Eye Infection | <input type="checkbox"/> Recent eye surgery | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Watery Eyes | <input type="checkbox"/> Eye Disease | <input type="checkbox"/> Taking HRT |
| <input type="checkbox"/> Bell's Palsy | <input type="checkbox"/> Blepharitis | |
| <input type="checkbox"/> Previous reactions to eye treatments | <input type="checkbox"/> Allergies to Latex/Band Aids | |
| <input type="checkbox"/> Allergies to adhesive glues or bonding agents | | |

Have you had a previous reaction to any chemical service? If yes, please explain:

List Current Medications: _____

Other relevant information: _____

Have you had eyelash or brow tinting, eyelash perming, eyelash extensions or semi-permanent mascara previously?
YES NO

Please Circle treatments you've received:

Tinting Eyelash Perm/Lift Eyelash Extensions Semi-Permanent Mascara

Did you experience any reaction to these treatments?

Tinting Eyelash Perm/Lift Eyelash Extensions Semi-Permanent Mascara

Please provide details of reaction: _____

Did you seek medical advice from a Doctor or Specialist? YES NO

If so, please explain advice received from professional: _____

Agreement: I am at least 18 years of age. I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted, may indicate my sensitivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the soppo of the prints and services.

Signature: _____

Date: _____

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Lash Lift Before/After Care



Before:

1. NO Mascara (Please arrive to your appt without makeup)
2. No Waterproof mascara at least 2 days prior to the appt
3. If you wear contacts, please take them out and wear glasses to the appt

After:

1. BE GENTLE. No touching, rubbing or itching. Do not touch your lashes for at least 48 hours
2. Keep lashes dry for the first 24 hours. NO water, heat, steam, sauna, hot tub or pool
3. Allow at least 24 hours before applying anything to your lashes
4. NO WATERPROOF MASCARA
5. We highly recommend the after-care product "Elleplex"