

Beautilash & more!

Registration & History Form For Xtreme Eyelash Extensions

Client Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home#: _____ Business#: _____ Cell#: _____

Email: _____

Facebook Account: _____ Twitter Name: _____

How may we contact you regarding scheduled appointments or specials? Check all that apply:

Text Message Email Home Phone Mobile phone Business phone

When do you prefer to be contacted? Morning Afternoon Evening

Birthday: _____ Anniversary: _____

Sex: Female Male Age: _____ Occupation: _____

Emergency contact name: _____

Emergency contact phone#: _____ Relationship to you: _____

How did you hear about us? _____

Name of person who referred you: _____ Phone#: _____

Question	Y	N	Date & Frequency	Adverse Reactions? Describe symptoms	Stylist Notes
Have you ever received eyelash extensions before?					
Have you ever had eyelash extensions removed?					
Have you ever used under eye gel patches before?					
Have you had permanent cosmetics applied to your eyes?					
Do you wear glasses?					
Do you wear daily wear or permanent contacts?					
Do you have a tendency to rub your eyes or pull on your eyelashes?					
Do you go to tanning (in salon or outside) or get spray tans?					
Are you pregnant? If yes, have you discussed having this service with your doctor?			Which trimester? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

Which side do you sleep on? Right Left Back Stomach

Please note that you may experience more eyelash extension loss on the side which you sleep.

Do you have exercise? Yes (If yes, fill out the chart below) No

Type of Activity	Frequency #times/ Week	Indoors or Outdoors?	Stylist Notes
1.			
2.			
3.			
4.			

Are you on a special diet?

- Yes*
 No

** Please be advised that healthy natural lashes and hair growth require a diet rich in amino acids and protein. In addition, low-carb, low-protein and quick results diets may affect a body's chemical balance, which can lead to a loss of or damage to hair/natural lashes.*

Which brands and products are you using around your eyes?

Product Name & Brand	Frequency of Use (per day/ week / month)	Stylist Notes
Facial Cleanser:		
Facial Mask:		
Facial Toner:		
Facial Primer:		
Day Moisturizer:		
Night Moisturizer:		
Facial Sunscreen:		
Eye Treatment:		
Eye Primer:		
Eye Cream:		
Eye Serum:		
Eye Makeup Remover:		
Eyeliner:		
Eye Shadow:		
Mascara:		
Eyelash Fortifier/Conditioner:		

Discontinue use of above products until 48 hours after extension applications. The use of heavy oils, creams and Vaseline® that may come into contact with your Xtreme Lashes® Eyelash Extensions should be discontinued while wearing extensions.

I understand, have read and completed this questionnaire truthfully. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I understand that withholding information or providing misinformation may result in contraindications and/or irritation to the skin from treatments received. I am aware that it is my responsibility to inform the esthetician/skin care therapist of my current medical or health conditions and to update this history. The treatments I receive here are voluntary and I release this institution and/or skin care professional from liability and assume full responsibility thereof.

Signature: _____ Date: _____