

Consultation Form for Lash Extension Treatments



Name		Date of Birth
Address		
Phone	Email	
How did you hear about me? Word of mouth Instagram Facebook Website Referral Other (being)		

Suitability for Lash Extension Treatments

Conditions that may require permission to treat from a medical practitioner

	No	Yes - Notes
Have you had chemotherapy in the last 6 months?	<input type="checkbox"/>	
Have you had vision correction surgery in the last 6 months?	<input type="checkbox"/>	
Have you had surgery near your eyes in the last 12 months?	<input type="checkbox"/>	

Conditions that may restrict the ability to treat

	No	Yes - Notes	
Have you had a lash extension treatment before?	<input type="checkbox"/>	Any issues?	
Are you allergic to glues, tapes or plasters or have any other allergies that you are aware of?	<input type="checkbox"/>		
Are you pregnant or is there a chance that you might be?	<input type="checkbox"/>		
Do you have or have you had any of these in the last 4 weeks:			
Conjunctivitis <input type="checkbox"/>	Cysts <input type="checkbox"/>	Styes <input type="checkbox"/>	Folliculitis <input type="checkbox"/>
Blepharitis <input type="checkbox"/>	Itchiness <input type="checkbox"/>	Other conditions/infections (state) <input type="checkbox"/>	
Do you have, suffer or experience:			
Respiratory issues (e.g. Asthma) <input type="checkbox"/>	Cataracts <input type="checkbox"/>	Glaucoma <input type="checkbox"/>	Blepharoplasty <input type="checkbox"/>
Dry Eye Syndrome <input type="checkbox"/>	Alopecia or Madarosis <input type="checkbox"/>	Trichotillomania <input type="checkbox"/>	Hay Fever <input type="checkbox"/>
Claustrophobia <input type="checkbox"/>	Watery Eyes <input type="checkbox"/>	Light Sensitivity <input type="checkbox"/>	Hypersensitive Skin <input type="checkbox"/>
Do you have near or around your eyes:			
Eczema or Psoriasis <input type="checkbox"/>	Cuts or Abrasions <input type="checkbox"/>	Inflammation or Swelling <input type="checkbox"/>	Any Discomfort <input type="checkbox"/>

Factors that may affect the treatment

	No	Yes - Notes
Do you have oily skin or hair?	<input type="checkbox"/>	
Are you taking any medications, prescription or otherwise? Notably, Contraceptives, Hormone Replacements or Thyroid medication	<input type="checkbox"/>	
Have you had your lashes permed/lifted in the last 3 months?	<input type="checkbox"/>	
Do you use eyelash curlers?	<input type="checkbox"/>	
Do you use a lash serum or eye drops?	<input type="checkbox"/>	
Do you wear contact lenses or glasses?	<input type="checkbox"/>	
You will be laying in a reclined position for some time. Will this be a problem? For example, aggravate a pre-existing condition.	<input type="checkbox"/>	If yes, state below the Condition, Risk and Plan agreed to remove or reduce that risk. For example: Whiplash. Risk of discomfort e.g. take breaks.

Consent for Lash Extension Treatments



Please read the following and ask for clarification if needed. You will be asked to sign this form to provide your consent to be treated, having agreed or acknowledged the following:

My Lash Stylist may apply lash extensions to my natural eyelashes or remove them as necessary. I understand that I may need to have a Patch Test done at least 24-48 hours before a full treatment is possible. This is where 2-5 extensions are applied to my natural lashes in the way the treatment is usually done, using all the products used to treat. The length, thickness and curls used will be determined by my Lash Stylist to ensure that the health of my natural lashes are always cared for.

I confirm that they have explained that:

- I understand that despite a successful Patch Test, there are occasions, though rare, when someone could experience a reaction to a treatment whether it's their first time or after many. If this happens, I will advise my Lash Stylist who will offer to remove them if it is safe to do so following assessment of the treatment area.
- I understand that a reaction could include irritation, redness, itching, puffiness or swelling in or around one or both of the eye areas that may cause discomfort. I may consult a Medical Practitioner at my own expense.
- In the interests of safety and to get the best results from my treatment, I will:
 - Remove any eye makeup for every appointment and arrive with clean lashes.
 - Remove my contact lenses for every appointment (if worn).
 - Keep my eyes closed during treatment until invited to open them.
 - Lay still for the duration of the treatment and keep talking to a minimum to facilitate this.
 - Follow the care advice given and keep the aftercare advice leaflet for reference. If I do not follow this care advice, I understand that it may affect how long my treatment lasts and how it looks.
 - Tell my Lash Stylist if my medical circumstances change as they may affect future treatments.

I agree to respect my Lash Stylists cancellation policy in recognition of their loss of earnings. I will give as much notice as possible should I need to reschedule my appointment. I may be asked to pay a cancellation fee in certain circumstances that may need to be settled before another appointment is offered.

Important Notice: Infection Prevention Policy following the Coronavirus (COVID-19) pandemic

Personal safety is our priority. This policy has been implemented in line with our risk assessment. It takes current government advice into account and that from professional bodies. **Thank you for helping us to work safely.**

Before your planned appointment If you, anyone you live with or anyone you have come into contact with has any Coronavirus symptoms (diagnosed or not), please tell us as soon as you can. This includes unrelated symptoms where you are not feeling well. **Your appointment will be cancelled.** We are happy to reschedule it for when you are feeling better or following the recommended period of self-isolation in line with current guidelines.

Attending your appointment Please arrive for your appointment at the agreed time only. This will ensure the safe passage of people and protect the time needed to perform the necessary sanitation procedures between clients. You will be invited to wash your hands in line with NHS guidance. Please only bring what you need and do not bring guests along.
For certain treatments, you may need to wear personal protective equipment like a facemask.
We welcome contactless payments wherever possible.

After your treatment In line with current Government guidelines, please contact us immediately if you or someone you have been in contact with experience Coronavirus symptoms. We can then take steps to prevent a further risk of infection to others.

GDPR Data Privacy Notice

We take your right to privacy seriously. We need your contact details so we can manage appointments. We need certain medical/health details to ensure that it's safe to treat you. Details are recorded on this Form that's stored securely.
We will not pass your information on and it will not be used for marketing purposes.

You have the right 'to be forgotten'. Insurance provisions require us to retain relevant records for up to 7 years.
If you wish 'to be forgotten', we cannot offer/continue treating.

You have the right to see the data we hold about you. To help us, please do so in writing and we will act ASAP.
You may ask for corrections if needs be.

In the unlikely event of a data breach (records lost/stolen), we will advise the Information Commissioners Office (ICO) ASAP and those affected.
You have a right to notify the ICO if you are concerned about our handling of your data. We welcome the chance to allay any concerns directly.

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|--|--------------------------|--|--------------------------|
| I am over the age of 18 years | <input type="checkbox"/> | I have read and agree with these Terms & Conditions of service | <input type="checkbox"/> |
| I have read/understood the Privacy Notice | <input type="checkbox"/> | You may collect/process my data as it's needed to contact/treat me | <input type="checkbox"/> |
| You may take photos for marketing purposes | <input type="checkbox"/> | The information I've provided is true to the best of my knowledge | <input type="checkbox"/> |

Signed

Print Name in Full

Lash Stylist Signed

Date

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