



Name _____ Birthdate _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell _____ Work _____
 Profession _____ Employer _____
 E-Mail Address _____

(Please write in all CAPITAL LETTERS and DIFFERENTIATE the letters i from L, and the letter L from the number 1)

Please check the question if the answer is YES:

- Within the past year, have you been under a physician's care?
- Within the last nine months have you undergone surgery? If so, please specify: _____

Please Note: If you have had any of the following this may compromise your ability to successfully wear eyelash extensions. Please check all that apply.

List any medications, supplements & vitamins that you take regularly: _____

List any allergies that you have: _____

- Cancer: Yes / No
- Contacts: Yes / No
- Alopecia (Hair Loss): Yes / No
- Demodex Folliculorum: Yes / No
- Non-functioning tear ducts: Yes / No
- Lasik surgery: Yes / No - Date: _____
- Permanent Make-up: Yes / No Last treatment: _____
- Eye-Lift Yes / No Date: _____
- Micro-dermabrasion / Chemical Peel: Yes / No Date: _____
- Retin-A, Accutane & Acne medications: Yes / No Date of Last treatment: _____

Full Set - Yes / No _____ Style Created: _____ Date: _____
 Type of Lashes: Minkys / other _____ J-curl / B-curl / C-curl / D-curl _____ Blk / Blk-Brn _____
 Synthetic Lashes: _____
 Length of Lashes: _____ Diameter of Lashes: _____
 Time taken for application: _____ Cost of application: _____
 Comments / updates _____

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