



Lash Lifting Consent Form

Client Name: _____

Please Circle: Male / Female

Address: _____

Post Code: _____

D.O.B: ___ / ___ / ___

Phone: _____ Mobile _____

Email: _____

Emergency Contact: _____ PH: _____

Check for any previous conditions, discomfort, stinging or adverse reactions please:

- Skin disorders
- Recent eye or skin surgery
- Blepharitis
- Inflammation of the skin or eyes
- Hayfever
- Other allergies
- Watery eyes
- Previous reactions to beauty treatments
- Are you taking HRT
- Allergy to latex
- Allergies to adhesives glues or eye pads
- Allergy to collagen
- Recent skin treatments, microdermabrasion or chemical peels
- Are you taking contraceptive treatment?
- Recently had Botox?
- Are you pregnant or lactating?
- Do you wear contact lenses?
- Recently had a tattoo in or around the treatment area

Other conditions please add here:

Medications:

Have you had previous reactions to any beauty treatment? Please state below:

Agreement: I request and consent to beauty procedures to be carried out today without undergoing a sensitivity patch test. The sensitivity test is an application of products to determine if clients may have a sensitivity or reaction to any products used within the salon services. I understand that by having the treatment service today, I take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply or application of products and service(s).

I consent to the use of photos or video for social media and educational purposes only.

Client Name (printed): _____

Client Name (signature): _____

Date: _____

Esthetician: _____

Date: _____