

# HER EYES

625 East Arrow Highway #2 Glendora, CA 91740

(626) 529-4423 www.hereyesbar.com

## Client Profile Information & Consent

Name: \_\_\_\_\_ Sex: F M Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Over the age of 18? Y N Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Did someone refer you? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Permission is granted to take photos of my eyes/face which may be used for marketing purposes: Y N

### **Eyelash Extensions:**

First time application? Y N If no, when and how many times: \_\_\_\_\_

Have you experienced any reactions to eyelash extensions/perm/tint before? Y N

Are you wearing contact lens today? Y N

Have you had any surgical or aesthetic procedure(s) done around your eyes (Facial peel, Lash perming, Tattoo, Eyelid lift, ECT.)? Y N If yes, please explain:  
\_\_\_\_\_

Please provide personal product care currently being used: Cleanser: \_\_\_\_\_ Toner: \_\_\_\_\_

Scrub: \_\_\_\_\_ Moisturizer: \_\_\_\_\_ Eye Make-up: \_\_\_\_\_ Remover: \_\_\_\_\_

Mascara: \_\_\_\_\_ Eye drops: \_\_\_\_\_ Other: \_\_\_\_\_

**Cancellation & Rescheduling Policy:** We require 24 hours' notice to change or cancel your appointment. Failure to notify business with 24 hours' notice will result in 50% charge of service price. No show-No call will result in 100% charge of service price. This statement is on all confirmation emails. You may confirm/reschedule/cancel your appointment by following the link in email confirmations.

The reason for our policy is to provide the most available hours of service to all of our clients. A service hour missed is a loss of business to the technician. With proper notice the appointment can be filled by a client on the wait list.

**Late Arrival Policy:** We will provide service up to 20 minutes after start time, however we can only guarantee the remaining time of service left. After 20 minutes, your service is considered a No Show-No Call. The service will be charged as stated in 24 hour policy.

**Consent:** I, \_\_\_\_\_ agree to have eyelash extensions/perm/tint applied to my natural eyelash and/or removed and retouched. By signing this agreement, I consent to the placement and removal of the eyelash extensions by a certified eyelash extension artist.

\_\_\_\_(Initial) , I understand there are risks associated with having artificial eyelash extensions/perm/tint applied to or removed from my natural eyelashes. I further understand that as a part of the procedure, eye irritation, eye pain, eye itching, discomfort, and in rare cases eye infection or blindness could occur. I agree that if I experience any of these medical conditions with my lashes that I will contact the certified eyelash extension professional and have the eyelash extensions/perm/tint removed immediately; and will see a physician at my own expense. I understand that even though the certified eyelash extension professional applies and removes the eyelash extension/perm/tint using the proper technique, the instruments, tapes, cleaners, gel eye pads, adhesives and removers used may irritate my eyes and require a physician's follow-up care and subsequent removal of the eyelash extensions.

\_\_\_\_(Initial) I understand and agree to the care instructions provided by the certified eyelash professional for the use and care of my eyelash extensions/perm/tint. I realize and accept the consequences of failure to adhere to these instructions may cause of my eyelashes/perm/tint to fall out, damage the extensions and/ or decrease the time the lashes will last.

\_\_\_\_(Initial) I understand and consent to having my eyes closed and covered for the duration of the 60-120 minute procedure.

**Please mark all that apply and inform the certified eyelash extension professional by marking with an X.**

\_\_\_\_ (Mark only if applies) Use of anything such as oil-containing sunscreen/moisturizers around eyes

\_\_\_\_ (Mark only if applies) History of dry eyes or Sjorgen's Syndrome

\_\_\_\_ (Mark only if applies) Current use of eye drops of any kind, prescription or over-the-counter

\_\_\_\_ (Mark only if applies) Current use of contact lenses

\_\_\_\_ (Mark only if applies) Current allergies or sensitivities to instruments, fumes, tapes, cleaners, gel eye pads, adhesives, and removers that could cause my eyes to water and blink in excess

\_\_\_\_ (Mark only if applies) History of claustrophobia

\_\_\_\_ (Mark only if applies) Recent Chemotherapy

\_\_\_\_ (Mark only if applies) History of recurrent eye or tear duct infections

**I agree to the following eyelash extension post-op and maintenance instructions:**

***NO waterproof mascara NO eye drops NO oil based product around the eye area NO continuous pulling or tugging***

This agreement will remain in effect for this procedure and all future procedures performed by the certified eyelash extension professional. I read English and understand that this consent agreement is legal and binding. I have read and fully understand all information in this agreement. I am over 18 years of age and consent to the agreement and to treatment.

I release my technician and Her Eyes from all liability associated with this procedure, which is performed with the utmost attention to safety and proper application using tools and products that the technician has been professionally trained to use. There are no guarantees for the length of time that the eyelash extensions/perm/tint will last. I understand the aftercare instructions and will do my part to maintain my eyelash extensions. I understand there are many factors that may affect the life of the eyelash extensions/perm/tint such as water, heat, moisture contact, weather conditions and activities involving exposure to high temperatures.

By signing below, I verify that I have read and understand the above statements and agree to them. I verify that I understand the 24 hour cancelation policy and agree to terms of reschedule/cancellation notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_