



Mybrows Studio & Academy
10582 Foothill Blvd #B190
Rancho Cucamonga, CA 91730
626-807-5304
MyBrowsAcademy@gmail.com
Mybrowsbeauty.com

Appointment Date & Time:
 : ____ / ____ / ____  : ____

Your Certified Artist is: ☐ Annie Ta

☐ Apprentice Name: _____

Client Health History: Lash Extension

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email: _____

How should we contact you? (check one) Home/Cell Phone: ☐ Email: ☐

When is the best time to contact you? (check one) ☐ Morning ☐ Daytime ☐ Evening

Emergency contact name: _____ Phone: _____ Relationship you: _____

How did you hear about us? ☐ Google ☐ Bella Vous ☐ Instagram ☐ FaceBook ☐ Friend/Other: _____

Health History

Surgery less than 4 months (must wait 4 weeks post-op exam for medical consent)

Blepharoplasty (must wait 6 months post-op for medical consent)

Please list any allergies you have (including cosmetics ingredients):

Are you allergic to Acrylate/Cyanoacrylate (bonding agent)? ☐ Yes ☐ No

Have you ever had a reaction to adhesive tape, topical creams, nail adhesives, or other topical products? ☐ Yes ☐ No

Do you have any eye disease, condition or injury that has affected your hair/lash growth or loss? ☐ Yes ☐ No

Chemotherapy Treatments within the last 6 months? ☐ Yes ☐ No

Are you taking any Thyroid Medications? ☐ Yes ☐ No

Extremely oil skin and hair? ☐ Yes ☐ No

Please list all current medications you are taking (including over-the-counter herbs, vitamins and supplements):

Have you ever had any of these conditions? (Please Check)

☐ Alopecia ☐ Blepharitis ☐ Dry Eye Syndrome ☐ Light Sensitivity ☐ Stroke /TIA ☐ Recent Eye Surgery

☐ Asthma ☐ Cold Sore ☐ Eye Site or Sore ☐ Migraines ☐ Thyroid Disease. ☐ Sensitives Eye

☐ Back Pain ☐ Conjunctivitis (Pink Eye) ☐ Intense Stress ☐ Ocular Rosacea ☐ Trichotillomania. ☐ Lemay Eye

☐ Bell's Palsy ☐ Diabetes

Any other health condition not listed:

These questions are relevant to your hair growth, and overall hair health. Please answer as truthfully as possible.

Are you pregnant or nursing? ☐ Yes ☐ No

Have You Ever Used Long Lasting or WaterProof Cosmetic? ☐ Yes ☐ No

Do You Wear Contact? ☐ Yes ☐ No

Have You Ever Had lashes Extensions? ☐ Yes ☐ No

Do You Wear Glasses? ☐ Yes ☐ No

Have You Ever Had Lash Extensions Removed? ☐ Yes ☐ No

Do You Use RetinA or Accutane? ☐ Yes ☐ No

Do you ☐ curl ☐ perm -or- ☐ tint your lashes?

Have You Had A Facial Treatment in the last month? ☐ Yes ☐ No

Do You Go Tanning (In Salon, Outdoor, or Spray Tan?) ☐ Yes ☐ No

Have You Ever Had Botox, Juvederm, or Any Other Injectables? ☐ Yes ☐ No

Have You ever Used Latisse or any Other Lash Growing Products? ☐ Yes ☐ No

Do you habitually rub, pull, or pick your lashes for any reason? ☐ Yes ☐ No

Are you having lash extensions applied for: ☐ a special occasion -or- ☐ daily

Which side do you most often sleep on? ☐ Right ☐ Left ☐ Stomach ☐ Back

How fast do you feel your hair grows? ☐ Fast ☐ Slow ☐ Normal Rate

Is there anything else we should know about? ☐ No ☐ Yes, Please list below:

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING CONSENT:

- I understand that the eyelash extensions will be applied to the natural lash as determined by the technician so as not to create excessive weight on the natural eyelash thereby preserving the health, growth and natural look of the client's natural eyelashes.
- I understand as part of the procedure eye irritation, eye pain, eye itching, discomfort and in rare cases eye infection may occur.
- I understand and agree that if I experience any of these issues with my lashes that I will contact my technician and have the eyelashes removed immediately and consult a physician at my own expense.
- I understand that even though the technician may apply and remove the eyelashes properly, that adhesive materials may become dislodged during or after the procedure, which may irritate my eyes or require further follow up care.
- I understand and agree to follow the after care instructions provided by my technician. Failure to follow the after care instructions can cause the eyelash extensions to fall out.
- I understand that in order to have the eyelash extensions applied to my eyelashes I will need to keep my eyes closed for duration of 60-100 minutes during the procedure. I also understand that I will need to be lying in a reclined position. Any medical conditions that might be aggravated by lying still for a prolonged period of time may mean I will not be able to have the procedure performed on my eyes.
- I understand that After Photos will be taken of my lashes and may be posted on the studio website and/or the studio's social media platforms.
- **I understand and agree that if I have chosen not to remove my contacts I am taking full responsibility for any negative consequences caused by this decision.**
- This agreement will remain in effect for the procedure and all future procedures conducted by my technician for one year from the date of this signed form.
- I understand that this agreement is binding and that I have read and fully understand all information listed above.
- I represent that I am over the age of 18 years. If below 18 years of age a parent or guardian must also sign this form.

Print: _____ Sign: _____ DATE: _____

Parent/Legal Guardian Print: _____ Sign: _____ DATE: _____

FOR PROFESSIONAL/OFFICE USE ONLY:

SKIN TYPE: ☐ Dry ☐ Combination ☐ Normal ☐ Oily ☐ T-Zone

EYELASH EXTENSION TYPE: ☐ Classic ☐ Hybrid ☐ Volume ☐ Russian ☐ Mega

EYES SHAPES: ☐ Deep-Set ☐ Round ☐ Hooded ☐ Downward Facing ☐ Upward Facing

☐ Small-Set ☐ Almond ☐ Wide-set ☐ Close-Set ☐ Proportioned

ETHNICITY: ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic/Latino ☐ American Indian/Alaska Native

☐ Middle East/North African ☐ Hawaiian/Pacific Islander

STYLING: ☐ Cat ☐ Squirrel ☐ Dolly ☐ Glamour ☐ Natural ☐ Sunrise/Wispy

LENGH: ☐ Natural ☐ Short ☐ Medium ☐ Long ☐ Extra Long

FULL: ☐ Natural ☐ Thin ☐ Medium ☐ Thick ☐ Super Thick

LASH THICKNESS MM: ☐ .03 ☐ .05 ☐ .06 ☐ .07 ☐ .10 ☐ .12 ☐ .15 ☐ .18 ☐ .20

CURL: ☐ J ☐ B ☐ C ☐ CC ☐ D ☐ L ☐ L+ ☐ M ☐ N

LENGTH MM: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

SPIKE MM: ☐ 2D ☐ 3D ☐ 4D ☐ 5D ☐ 6D ☐ 7D ☐ 8D ☐ 9D ☐ 10D
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

VOLUME MM : ☐ 2D ☐ 3D ☐ 4D ☐ 5D ☐ 6D ☐ 7D ☐ 8D ☐ 9D ☐ 10D
☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

