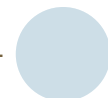
Client Health History: Lash Extensions



Name:____

Address:___________________________________City:_________________State_____Zip:__________

Home/Cell Phone: ___________________________ Work Phone:_______________________________

Email:____

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

When is the best time to contact you? (check one) __Morning __Daytime __Evening

How did you hear of us?_______________________ Emergency contact name:___________________

Phone:_____________________________ Relationship to you:_________________________________

Health History

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

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Are you allergic to Acrylate/Cyanocarylate (bonding agent)? Yes/No/Don't Know

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

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 circle)

Alopecia	Asthma	Back pain or back injury	Bell's Palsy	Blepharitis	Claustrophobia
Cold Sores	Conjunctivitis (pink eye)	Diabetes	Dry Eye Syndrome	Eye Sties or Sores	Herpes of the Eye
Intense Stress	Leamy eye	Light Sensitivity	Migraines	Ocular Rosacea	Rosacea
Sensitive Eyes	Stroke/TIA	Thyroid Disease	Trichotillomania	Recent Eye Surgery	Current Eye Irritation

Any other health condition not listed:____

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Continued ⇨

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

Question	Y	N	Details *If applicable*	Adverse Reactions? *If applicable*
Are you pregnant or nursing?				
Do you wear contacts?				
Do you wear glasses?				
Have you ever had lash extensions?				
Have you ever had lash extensions removed?				
Have you ever used long lasting or waterproof cosmetics?				
Do you use Retin-A or Accutane?				
Do you go tanning (in salon, outdoor, or spray tan)?				
Have you had facial treatments?				
Have you ever had Botox®, Juvederm®, or any other injectables?				
Have you ever used Latisse® or any other lash growing product?				

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?____

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