

Ohh! Lashes™ Client Registration

Personal Information:

Name _____

Phone (Day) _____ Phone (Eve) _____

Address _____

City/State/Zip _____

Email _____ DOB _____ Occupation _____

Emergency Contact Name _____

Phone _____

How did you hear about Ohh! Lashes™? _____

The following information will be used to help plan safe and effective eyelash application sessions. Please answer the questions to the best of your knowledge.

Date of Initial Visit _____

1. Have you had professional eyelash extension application and removal before? Yes No

If yes, how often? _____

2. Do you have any allergies to oils, ointments, or eyelash application adhesive? Yes No

If yes, please explain _____

3. Do you have sensitive skin? Yes No

If yes, please explain _____

4. Are you wearing disposable, extended wear or permanent contact lenses () pace maker () hearing aid () life-sustaining medication ()

If yes, please explain _____

5. Do you have any difficulty lying on your front, back or side? Yes No

If yes, please describe _____

Medical History

In order to plan a professional eyelash extension application session that is safe and effective, we need some general information about your medial history.

6. Are you currently under medical supervision? Yes No

If yes, please explain _____

7. Please check any condition listed below that applies to you:

- | | |
|-----------------------------------|---------------------------|
| () contagious eye/skin condition | () allergies/sensitivity |
| () open sores or wounds | () pregnancy |
| () high or low blood pressure | () current fever |
| () cancer | () epilepsy |
| () decreased sensation | () heart condition |
| () recent accident/injury | () recent surgery |

Please explain any condition that you have marked

above _____

8. Is there anything else about your health history that you think would be useful for your eyelash technician to know to plan a safe and effective eyelash extension application session for you?

Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.

I, _____ (print name) understand that if I experience any pain or discomfort during this eyelash extension application session, I will immediately inform the eyelash extension technician. Because eyelash extension application should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the Ohh! Lashes™ updated as to any changes in my medical profile and understand that there shall be no liability on Ohh! Lashes should I fail to do so. I have received and read the Ohh! Lashes™ Do's and Don'ts Homecare Card.

Signature of client _____ Date _____

Signature of Eyelash Technician _____ Date _____