Hired Hands Day Spa

Eyelash Extension Intake Form

Name: ______________________________ ____________ Date: __________

Address: ____

City: ______________ State: ________ ZIP: ____________ Phone: ____________________

Email: ____________________________

How did you hear about our lash extensions? ______________________________________

Have you had eyelash extensions applied before? _____ If so, when? ______________

If so, where? ______________________________________

Do you currently: Curl __________ Perm ___________ or Tint ___________ your lashes?

Do you wear contacts or eye glasses? _______________

Do you habitually rub, pull, or pick your lashes for any reason? __________

Do you have or are you currently being treated for any eye illness or injury? __________

Please lit any eye drops or eye medication you are using: ______________________

Which side do you predominately sleep on? _________

Please list the following products you use:

Make Up Remover: ______________________________________

Cleanser: ______________________________________

Eye Moisturizer/Cream: ______________________________________

Check any of the following apply to you:

_____ Lasik Eye Surgery _____ Dry Eye _____ Permanent Eye Make Up

_____ Blethroplasty (eye lift) _____ Seasonal Allergies _____ Thyroid disorders

_____ Allergies to adhesives, formaldehyde or cyanoacrylate

_____ Taking medication that causes hair loss _____ Pregnant or breast feeding

_____ Current or past chemotherapy

>>>Next Page

In signing this intake form I am stating that the information I have given is correct, complete and true. I understand that there is a 5 day guarantee on any full set lashes that I receive from Hired Hands and that to use this guarantee I must contact Hired Hands and come in for a touch up within 5 days of receiving the full set. I also understand that if I come with any kind of mascara on my lashes, the guarantee will be voided as my technician will not be able to guarantee the bond of the adhesive to my lashes. I also understand that I must not use oil or oil based products on or near my lashes and that I must minimize the amount of steam my lashes are exposed to for the best results.

Signature: ____ Date: ______________

TECHNICIAN ONLY

Original eyelash condition:

Density: ____ Fine ____ Thick ____ Mixed

Shape: ____ Straight ___ Curly ____ Downward ____ Criss-cross

Gaps: ____

Comments: ____

Pattern placed: ____ Cat Eye ____ Middle Length ____ Same Length ____ Extended Cat Eye

Width: ___ .15 ___ .18 Length ___ .07 ___ .08 ____.09 ____.10 ____ .11 ____ .12 ____ .13 ____ .14 ____.15 ____ .16

Curl: ___ D ___ C ____ CC ____ J

Subsequent Visits:

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments

__________ Date ____ Comments