BEAUTIFULLY YOU
Salon & Spa

704-279-5545

LASH LIFT AND TINT FORM

Name:_____ Email Address:_____

Phone Number:_____ Address:_____

_____

City:_____ State:_____ Zip:_____

- Have you ever had an allergic reaction to hair color? ☐ ☐
- Have you ever used hair color before? ☐ ☐
- Do you have diabetes, lupus, or any auto-immune disease? ☐ ☐
- Do you wear contacts? ☐ ☐
- Have you ever had your brows or lashes tinted? ☐ ☐
- Are you exposed to the sun on a daily basis or are you considering spending more time in the sun soon? ☐ ☐
- Are you currently taking medications? If so, please list all (including over the counter drugs /herbal supplements): ☐ ☐

_____ _____

_____ _____

What skin products do you regularly use on your skin?

Have you ever been treated for cancer? If yes, when and what types of therapies were used?

Please list any other illness/condition you are currently being treated for by a medical professional

(**Female clients**) When is your next menstrual cycle due to begin?_____

Always allow five days for menstrual cycle. Because of water retention and for your own personal comfort, you should avoid hair removal two days before your cycle is due and two days after it is completed.)

LASH LIFT AND TINT FORM (PAGE 2)

Please note that lash lift and tint does have certain side effects listed below

Please initial:

_____I understand that tinting lashes or brows has some inherent risk of irritation to the orbital eye area, including the eye itself, and could result in stinging or burning, and blurring.
_____I understand that if the tinting agent, developer, or mixture of both accidentally comes into contact with my eye, my eye will be flushed with water or drops and medical attention may be required.
_____I understand that some irritation, itching or burning may occur to the skin which comes in contact with the tinting agent.
_____I understand that there may be some residual dark staining left on the skin following the tinting process of either my lashes, brows or both. This will fade and go away within a short time.
_____I understand that, while every attempt will be made to provide me with my chosen color, everyone's hair absorbs color differently and my final results may not be the color I initially wanted.
_____I understand that over the course of several weeks, the tint will gradually lighten and fade. Re-tinting will be required to keep the new color fresh. Most clients need to re-tint every 3-4 weeks.I have read the above information.

If I have any concerns, I will address these with my skin care therapist. I give permission to my therapist to perform the tinting procedure we have discussed, and will hold him/her and his/her staff harmless from any liability that may result from this treatment. I have accurately answered the questions above, including all known allergies, prescription drugs, or products I am currently ingesting or using topically. I understand my esthetician will take every precaution to minimize or eliminate negative reactions as much as possible. I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand, the above paragraphs and that I have had sufficient opportunity for discussion to have any questions answered. I understand the procedure and accept the risks. I do not hold the esthetician, whose signature appears below, responsible for any of my conditions that were present, but not disclosed at the time of this skin care procedure, which may be affected by the treatment performed today.

CLIENT (OVER 18 Y.O)

Name:_____

Signature:_____

Date:_____

PARENT/GUARDIAN (UNDER 18 Y.O)

Name:_____

Signature:_____

Date:_____