Name: _____

Date: _____

by Jo Mousselli
XTREME LASHES®

Client Registration & History Form

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Business #: _____ Cell #: _____

Email: _____ Fax #: _____

How do you prefer to be contacted? ❑Home ❑Cell ❑Business ❑Email

When do you prefer to be contacted? ❑Morning ❑Afternoon ❑Evening

Birthday: _____ Anniversary: _____

Sex: ❑Female ❑Male Age: _____

Occupation: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____ Relationship to you: _____

How did you hear about us? _____

Question	Y	N	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
1. Have you received eyelash extensions before?	❑	❑			
2. Have you had eyelash extensions removed?	❑	❑			
3. Have you used under eye gel patches before?	❑	❑			
4. Have you had permanent cosmetics applied to your eyes?	❑	❑			
5. Do you wear glasses?	❑	❑			
6. Do you wear contacts?	❑	❑			
7. Do you have a tendency to rub your eyes or pull on your eyelashes?	❑	❑			
8. Do you go tanning (in salon or outside) or get spray tans?	❑	❑			
9. Are you pregnant?	❑	❑			

10. Which side do you sleep on:
❑ Right ❑ Left ❑ Back ❑ Stomach

Please note that you may experience more eyelash extension loss on the side on which you sleep.

11. Do you exercise?
❑ Yes (If yes, fill out the chart below.)
❑ No

Type of Activity	Frequency # times / week	Indoors or Outdoors?	Stylist Notes
1.			
2.			
3.			
4.			

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12. Are you a vegetarian or vegan?
    - ❑ Yes*
    - ❑ No

Please be advised that to have healthy natural lashes and hair, people need to have the right amount of protein in their diet, as amino acids aid in hair and natural lash growth.

13. Are you currently dieting to lose weight, or do you intend to diet in the near future?
    - ❑ Yes**
    - ❑ No

Please be advised that those who diet, including those on low- and no-carb diets, often report hair loss. Quick-results diets can also affect a body's chemical balance, which can lead to loss of or damage to hair/natural lashes.

14. What brands are you currently using around your eyes? Please indicate the brand of product you use for each and how often you use it.

Product Brand	**Frequency of Use** *Complete appropriate column for each product used*			**Stylist Notes**
	Daily	Weekly	Monthly	
Facial Cleanser:	#: ____	#: ____	#: ____	
Eye Makeup Remover:	#: ____	#: ____	#: ____	
Toner:	#: ____	#: ____	#: ____	
Eye Treatment:	#: ____	#: ____	#: ____	
Day Moisturizer:	#: ____	#: ____	#: ____	
Night Moisturizer:	#: ____	#: ____	#: ____	
Eye Cream:	#: ____	#: ____	#: ____	
Eye Serum:	#: ____	#: ____	#: ____	
Mask:	#: ____	#: ____	#: ____	
Facial Sunscreen:	#: ____	#: ____	#: ____	
Mascara:	#: ____	#: ____	#: ____	
Eyeliner:	#: ____	#: ____	#: ____	
Eye Shadow:	#: ____	#: ____	#: ____	
Eyelash Fortifier/ Conditioner:	#: ____	#: ____	#: ____	

Discontinue use of above products until 48 hours after eyelash extension application. The use of heavy oils, creams and Vaseline® that may come into contact with your Xtreme Lashes® Eyelash Extensions should be discontinued while wearing extensions.

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MEDICAL HISTORY:

Question	Y	N	Type(s)	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
15. Allergy to acrylates or cyanocarylates? *(Example: Dermabond)*	❑	❑				
16. Allergy to nail adhesives?	❑	❑				
17. Allergy to tape (bandages)?	❑	❑				
18. Allergy to long-lasting or waterproof cosmetics?	❑	❑				
19. Allergy to cosmetic, skin care products, topical creams or other topical products or ingredients?	❑	❑				
20. Other allergies, including those that affect your eyes, skin, digestive or respiratory systems?	❑	❑				
21. Recent eye surgery, wounds or infections?	❑	❑				
22. Any exfoliation, skin-tightening or skin-resurfacing facial treatments? *(Examples: Acne treatments, chemical peels, microdermabrasion, laser treatments)*	❑	❑				
23. Current or previous use of prescription-strength Retin-A, Accutane or similar product?	❑	❑				
24. History of eye disease, condition, injury or surgery that affected your hair/ natural eyelash growth or loss?	❑	❑				
25. Hair/natural eyelash growth cycle slower or faster than others?	❑	❑				

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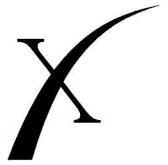

26. List current medications.

27. Please note that many medications have a side effect of hair/natural eyelash loss. These include but are not limited to medications used to treat the following conditions. Please mark all that apply:

- ❑ Acne
- ❑ Allergies (when treated with non-steroidal anti-inflammatory drugs (NSAIDS))
- ❑ Anticoagulants
- ❑ Autoimmune diseases
- ❑ Birth control*
- ❑ Convulsions/ epilepsy
- ❑ Depression
- ❑ Diet/ weight loss
- ❑ Fungus
- ❑ Glaucoma
- ❑ Gout
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Hormone imbalance, hormone therapy*
- ❑ Inflammation (when treated with NSAIDS)
- ❑ Parkinson's disease
- ❑ Thyroid disease
- ❑ Ulcers
- ❑ Cancer

**Although these are not medical conditions, birth control and hormone therapy may result in the thinning or loss of natural lashes.*

28. Please mark all conditions that apply:

- ❑ Alopecia
- ❑ Asthma
- ❑ Autoimmune diseases (Crohn's disease, arthritis, lupus, ulcerative colitis, etc.)
- ❑ Back pain
- ❑ Bell's Palsy
- ❑ Blepharitis
- ❑ Bronchitis (chronic)
- ❑ Claustrophobia
- ❑ Cold sore
- ❑ Conjunctivitis (pink eye)
- ❑ Diabetes
- ❑ Diabetic retinopathy
- ❑ Dry eye syndrome
- ❑ Eye sties or sores
- ❑ Heavy eyelid
- ❑ Hormonal disorders or changes
- ❑ Leamy eye (excessive tearing)
- ❑ Migraines
- ❑ Ocular rosacea
- ❑ Rosacea
- ❑ Seizure disorder
- ❑ Sensitive eyes
- ❑ Sensitivity to light
- ❑ Sinus problems
- ❑ Stress
- ❑ Stroke
- ❑ Tendency of redness, rashes or hives
- ❑ Thyroid disease
- ❑ Trichotillomania (hair or eyelash pulling)
- ❑ Other: _____

Date	Additional Comments

Waiver & Release Form

____ Initial I authorize my Xtreme Lashes® Trained Professional, Gigi Endersby (Professional Name/ Business Name), to perform the semi-permanent eyelash extension procedure. I understand this procedure requires individual synthetic eyelashes to be glued to my own natural lashes. I understand that it is my responsibility to be still during the application and to keep my eyes closed during the entire process until otherwise advised. I have been fully informed as to the methods and procedures concerning the semi-permanent eyelash extension application. The risks of the cosmetic procedure I have chosen have been disclosed to me. Some cases may result in complications, such as transient eye redness and irritation and allergic reaction to the adhesive, under eye gel patches or any other products used. If at any time I (or the stylist) are uncomfortable with the eyelash extension procedure, I will inform the stylist and s/he will gladly rectify the problem, including ending the session if I (or the stylist) wish. It has been represented to me that no guarantees, warranties, promises, commitments or other statements as to the results of this treatment have been made, and I acknowledge that I have received no particular representations or guarantees, and I am consenting to the procedure at my own risk. I have revealed or disclosed on the Client Registration & History Form and the Client Consultation & Design Form all conditions and circumstances regarding my health and health history, medications being taken and any past reactions to products used or medications taken. Additional conditions could occur or be discovered during or after the procedure, which could affect my ability to tolerate the procedure.

____ Initial I understand the duration of my eyelash extensions requires my careful maintenance. I understand that it takes 48 hours for the adhesive to cure (dry) thoroughly and that the following activities should be avoided, as they will interfere with this curing process, resulting in a weaker bond, premature lash extension loss and/or irritation: showering; exposure to heat, steam, sauna and friction; application of eye and eyelash cosmetics; sleeping on the side or stomach; receiving chemical treatments; and receiving irritating eye-area treatments. I also understand that even after the first 48 hours I need to avoid excessive swimming, sauna, steam rooms, pulling on lashes, using oil-based or waterproof cosmetics, using mechanical curlers or crimping lashes in any way.

____ Initial I, as herein signed, release, give up, acquit and discharge my Xtreme Lashes® Trained Professional and/or anyone affiliated with my Xtreme Lashes® Trained Professional including any partnership, corporations or company associated with said individual from any claims or damages of any nature. I agree to pay any costs of legal services necessary to further effect or confirm said release. I further agree that this release shall be in contemplation of any possible damages, either known or unknown at the signing of this waiver and release form, and said damages are specifically waived following the signing of this waiver and release form. I further agree that in the event any litigation ensues, it shall be placed before the American Arbitration Association for resolution. I agree that in the event a decision is determined in favor of one party over the other, the prevailing party shall be entitled to reasonable attorney fees and costs as set by the arbitrator. I further agree to hold my Xtreme Lashes® Trained Professional and Xtreme Lashes LLC nameless and harmless from any and all damages. I release my Xtreme Lashes® Trained Professional from any responsibility for pre-existing conditions I have not revealed, or any consequential change to those conditions that arises subsequent to the procedure. I understand that I am responsible for any medical treatment I may need to receive as a result of getting this procedure. I accept full responsibility for these and any other complications, which may arise or result during or following the eyelash extension procedure(s), which are to be performed at my request.

____ Initial Please read the following statement and sign and date on the line to indicate that you have read, understand and accept the following statement:

I, the client herein signed, certify that I have read and had explained to me and fully understand the above waiver and release form. I certify that I have consulted with an Xtreme Lashes® Trained Professional and have read all applicable literature given to me. I have completed the Client Registration & History Form and the Client Consultation & Design Form to the best of my knowledge. I accept the explanation of potential complications and risks described herein. I certify I am of sound mind, and I am fully capable of executing this waiver and release form for myself. I, the undersigned client, acknowledge and fully understand that there might be other unknown risks not reasonably foreseeable at this time. I, the client herein signed, for the purposes of documentation, hereby consent to "before and after" photographs, which may or may not be used for the purposes of advertising.

Date:_____

Client Full Name:_____ Client Signature:_____

Address/City/State/Zip Code:_____

Email:_____ Phone Number:_____