

allure expressions

Client Registration and History

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile: _____ Business: _____

Email: _____ Facebook: _____ Twitter: _____

How may we contact you regarding appointments or specials (your preferred method):

Text Email Phone: Home Mobile Business

Sex: Male Female Age: _____ Occupation: _____

How did you hear about us? _____

(Please provide contact information for the person who recommended you if you have it. Thank you!)

Have you ever had eyelash extensions applied: Yes No

If yes, where? _____ When: _____ Please describe your experience:

Have you had extensions removed: Yes No

If yes, why? _____

In the last 60 days, have you worn any of the following types of lashes:

Individual Strip Flair Other _____

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Client Registration and History, continued

Please circle any of the following that you use or have had done to your lashes:

Waterproof mascara Curl Perm Tint

When were these last done? _____

You are having extensions applied for: Daily Wear A Special Occasion

Are you: From the area Visiting

What side do you predominately sleep on? Right Left

(You may experience more eyelash extension loss on the side on which you sleep, as well as having sparser natural lashes on that side.)

Question	Y	N	Date	Please provide any pertinent details or any adverse reactions you may have had	Reason for allure expressions requesting information
Have you used under eye gel patches?					Occasionally people may have skin sensitivities to the gel pads.
Do you wear contacts?					Please remove them before application
Do you wear glasses?					I need to ensure your extensions are not so long they annoy you by touching your glasses
Do you rub, pull, or pick at your lashes?					It may be best to forego eyelash extensions at this time as you will damage your natural lashes by doing any of these actions!
Do you have, or are you being treated for an eye injury or illness?					Please check with your doctor to ensure eyelash extensions are right for you at this time.
Do you use eye drops?					If you have dry eyes, or tend to have itchy eyes, or an eye condition, you may want to forego extensions at this time. Check with your doctor.
Have you had surgeries or procedures within the last 120 days?					Rather than stressing your lashes, it's best to wait until you are fully recuperated..

Do you have any allergies to: Acrylates or cyanoacrylates (ie, Dermbond) Nail adhesives? Bandage tape? Any skin sensitivities?				The adhesive allure expressions uses is a cyanoacrylate, which is similar to that used in Dermabond, a medical grade skin adhesive. If you have had an allergic reaction with any of these adhesives, eyelash extensions are not for you.

Have you had any of the following within the last month?: Exfoliation, skin-tightening/resurfacing, acne treatments, chemical peels, microdermabrasion, laser, etc.				It is best to wait over 30 days to do eyelash extensions to ensure your natural lashes and skin around your eye area are not stressed by extension application.
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Do you sweat a lot? Yes No

(profuse sweating may cause extensions to come off more quickly)

Are you on a special diet? Yes No

(Healthy lashes are a result of a healthy diet. Low carb, low protein and quick-result diets may affect a body's chemical balance, which can lead to a loss of or damage to natural lashes.)

Have you recently experienced any significant changes in your life situation or medications:

Yes No

(Hair loss may be a side effect of certain medications, increased stress, or other conditions or situations. Please see page 6 for a list of medications that tend to cause hair loss.)

Please review pages 6 & 7 for medications that may cause hair loss. If you are experiencing hair loss, you should not have eyelash extensions applied until normal hair growth has resumed. If you are using meds that may cause hair loss, please check with your doctor to see if eyelash extensions are advisable at this time.

CONSENT FOR EYELASH EXTENSION APPLICATION

I have agreed to have allure expressions apply eyelash extensions to and/or removed from my eyelashes. Before my qualified professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

For valuable consideration, in order to have my eyelash extensions applied and/or removed from my eyelashes:

1. Waiver of Liability. I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist risks associated with the procedure and product itself, which include, without limitation, eye irritation, eye pain, discomfort, and, in rare cases,

blindness when improperly handled. As part of this procedure, I understand that a certain amount of eyelash adhesive material will be used to attach the artificial extensions to my existing eyelashes. Even though the Professional may apply or remove my extensions properly, I understand adhesive material may become dislodged during or after the procedure, which may irritate my eyes or require

further follow-up care, at my own expense to prevent damage to my eyes. I also understand there is more than one technique for applying eyelash extensions to my eyelashes, and I will not attribute any liability to Professional or allure expressions as a result of this procedure or the use and care of these lashes. I also agree to defend, indemnify and hold harmless Professional and allure expressions from any and all claims, actions, expenses, damages and liabilities, including reasonable attorneys' fees which might be asserted against them as a result of my having this procedure performed, or my purchase of these products. As used in this agreement, the terms "Professional" and "allure expressions" include all of their respective officers, directors, agents, employees, successors and assigns.

2. Permission to Use Pictures. I hereby grant to Professional and allure expressions the full right to take, publish and reproduce photographs of me, my face, my eyes and/or eyelashes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Professional or allure expressions. I further expressly assign any copyright in these photographs to allure expressions. I also grant my consent for Professional and allure expressions to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. Please use these images with the following:

my own name no name to be used a fictitious name. which is: _____

3. Care and Maintenance. I agree to follow the care and maintenance instructions provided by allure expressions and/or Professional for the use and care of my extensions and that if any follow-up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do any of the following, it may result in damage to my extensions or may cause my lashes to fall off prematurely. Knowing this, I agree to follow these tips for best results:

- I will avoid oil-based eye products as these will loosen the bond of my eyelash extensions.
- I will avoid getting my lashes wet within the first 4 hours after my application.
- If I experience any itching or irritation, I agree to contact my eyelash extension Professional immediately to have the lash extensions removed.
- I agree to avoid using waterproof mascara and not to perm, or tint my extensions, or use an eyelash curler.
- I agree not to pick, pull or rub my extensions.
- I understand that I should not attempt to remove my lash extensions on my own or with any product, but that the procedure requires that my lash extensions be professionally removed.

4. No Known Medical Conditions/Informed Consent. I have read and completed the allure expressions Registration Form in its entirety and in truth. I acknowledge that I have been advised of the potential harmful or negative side effects (such as the premature shedding of my eyelash) that the lash extension procedure or removal may cause to those who have specific medical or skin conditions. I understand that the adhesives and adhesive remover are a skin, eye and mucus membrane irritant and that in rare cases persons may be allergic or have hypersensitivity to synthetics, cyanoacrolate or formaldehyde which in small amount may be present in the adhesive. I understand that the procedure requires that I lie still for up to 2 hours or longer with my eyes shut, and that if I wear contacts, I must remove my contact lenses for the duration of the lash extension application or removal. I

further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding to the professional's or allure expressions instructions or these warnings. If any action is brought to enforce the terms of this Agreement, the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association. This agreement will remain in effect for this procedure, and all future procedures conducted by Professional or any other professional conducting business at the salon/spa establishment listed above. I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows: _____ . By his or her signature below, he or she ratifies and consents to this procedure under these terms.

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement, and his or her relationship to me is as follows:

_____. By his or her signature below, he or she ratifies and consents to this procedure under these terms.

Signature: _____ Print Name: _____

Date: _____

Parent/Guardian Signature: _____ Print Name: _____

Date: _____

Conditions & Medications that May Preclude Eyelash Extension Application

The information below on drugs and conditions that may cause hair loss is copied from MedWeb: www.webmd.com/skin-problems-and-treatments/hair-loss/drug-induced-hair-loss-1

Many commonly prescribed prescription drugs can cause temporary hair loss, trigger the onset of male and female pattern baldness, and even cause permanent hair loss. Note that the drugs listed here do not include those used in chemotherapy and radiation for cancer treatment, although those also cause hair loss.

This is not a complete list, but provides many conditions and common drugs used in treatment that may cause hair loss.

The drugs are listed by category, according to the conditions they treat, then by brand name first followed by the drug's generic name in parentheses. In some categories, individual drugs are not listed. For these conditions, you will want to discuss the possibility of hair loss as a side effect of using any of the drugs that treat that particular condition, since many do contribute to hair loss.

If you are being treated with any of the below listed medications, or know that you are taking medications that have caused hair loss, please check with your doctor to discuss if eyelash extensions are right for you. If you are experiencing hair loss, eyelash extensions should NOT be applied until normal hair growth has resumed.

Acne - All drugs derived from vitamin A as treatments for acne or other conditions, including: <ul style="list-style-type: none">● Accutane (isotretinoin)	Blood - Anticoagulants (blood thinners), including: <ul style="list-style-type: none">● Panwarfin (warfarin sodium)● Sofarin (warfarin sodium)● Coumadin (warfarin sodium)● Heparin injections
Cholesterol - Cholesterol lowering drugs, including: <ul style="list-style-type: none">● Atromid-S (clofibrate)● Lopid (gemfibrozil)	Convulsions/Epilepsy <ul style="list-style-type: none">● Anticonvulsants
Depression - Antidepression drugs, including <ul style="list-style-type: none">● Anafranil (clomipramine)● Elavil (amitriptyline)● Norpramin (desipramine)● Pamelor (nortriptyline)● Paxil (paroxetine)● Prozac (fluoxetine)● Sinequan (doxepin)● Surmontil (trimipramine)● Tofranil (imipramine)● Vivactil (protriptyline)● Zoloft (sertraline)	Diet/Weight Loss <ul style="list-style-type: none">● Amphetamines
Fungus <ul style="list-style-type: none">● Antifungals	Glaucoma - Beta-blocker drugs, including: <ul style="list-style-type: none">● Timoptic Eye Drops (timolol)● Timoptic Ocudose (timolol)● Timoptic XE (timolol)

<p>Gout</p> <ul style="list-style-type: none"> ● Zyloprim (allopurinol) 	<p>Heart/High Blood Pressure - Many drugs prescribed for the heart, including the beta-blockers, which are also used to treat high blood pressure, and include:</p> <ul style="list-style-type: none"> ● Tenormin (atenolol) ● Lopressor (metoprolol) ● Corgard (nadolol) ● Inderal and Inderal LA (propanolol) ● Blocadren (timolol)
<p>Hormonal Conditions - All hormone-containing drugs and drugs prescribed for hormone-related, reproductive, male-specific, and female-specific conditions and situations have the potential to cause hair loss, including:</p> <ul style="list-style-type: none"> ● Birth control pills ● Hormone-replacement therapy (HRT) for women (estrogen or progesterone) ● Male androgenic hormones and all forms of testosterone ● Anabolic steroids ● Prednisone and other steroids 	<p>Inflammation - Many anti-inflammatory drugs, including those prescribed for localized pain, swelling, and injury.</p> <ul style="list-style-type: none"> ● Arthritis drugs ● Nonsteroidal anti-inflammatory drugs including: <ul style="list-style-type: none"> ○ Naprosyn (naproxen) ○ Anaprox (naproxen) ○ Anaprox DS (naproxen) ○ Indocin (indomethacin) ○ Indocin SR (indomethacin) ○ Clinoril (sulindac) <p>Anti-inflammatories that are also used as a chemotherapy drug:</p> <ul style="list-style-type: none"> ● Methotrexate (MTX) ● Rheumatrex (methotrexate)
<p>Parkinson's Disease</p> <ul style="list-style-type: none"> ● Levadopa/L-dopa (Dopar, Laradopa) 	<p>Thyroid disorders - Many of the drugs used to treat the thyroid; ask your doctor.</p>
<p>Ulcer - Many of the drugs used to treat indigestion, stomach difficulties, and ulcers, including over-the-counter dosages and prescription dosages.</p> <ul style="list-style-type: none"> ● Tagamet (cimetidine) ● Zantac (ranitidine) ● Pepcid (famotidine) 	

Too much exposure to UV rays may cause hair thinning and loss.

If you are pregnant, you may also want to check with your doctor to see if eyelash extensions are advisable at this time.