



# Lash Lifting: Indemnity & Client Confidentiality Form

The Clinic is required to collect from clients the information in this form.  
Thank you for your understanding. Contents are kept confidentially.

**PLEASE USE BLOCK LETTERS IN ALL FORM FIELDS**

<b>Client Name</b>	<b>CIRCLE:</b> Male / Female
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<b>Client Address</b>
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<b>Client Phone Number</b>	<b>Email Address</b>
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<b>Emergency Contact Name and Number</b>
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Previous discomfort, stinging and adverse reactions, please tick:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Skin disorders                  | <input type="checkbox"/> Inflammation of the skin                      | <input type="checkbox"/> Eye disease          |
| <input type="checkbox"/> Eye infections                  | <input type="checkbox"/> Recent eye surgery                            | <input type="checkbox"/> Blepharitis          |
| <input type="checkbox"/> Water eyes                      | <input type="checkbox"/> Hay fever                                     | <input type="checkbox"/> Allergies            |
| <input type="checkbox"/> Bell's Palsy                    | <input type="checkbox"/> Previous reactions to eye treatments          | <input type="checkbox"/> Contact lenses       |
| <input type="checkbox"/> Allergies to latex or band aids | <input type="checkbox"/> Allergies to glue/bonding agents or adhesives | <input type="checkbox"/> Allergies to acetone |
| <input type="checkbox"/> Are you pregnant or lactating   | <input type="checkbox"/> Are you on the contraceptive pill?            | <input type="checkbox"/> Are you taking HRT?  |

<b>Any medications?</b> Please list relevant information here
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<b>Have you had lash or brow tinting, lash lifting, lash perming, eyelash extensions or semi-permanent mascara applied previously?</b> YES / NO   If yes, please supply details.
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**\*\*\* AGREEMENT \*\*\***

I request and consent to these procedures being carried out today without undergoing a sensitivity patch test. The sensitivity test, which if conducted may indicate my sensitivity/allergy to the products. I understand the contents of this form and take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and service(s).

**SIGNATURE:** ..... **DATE:** .....

**BEAUTY PROFESSIONAL'S NOTES:** .....

**TREATMENTS BEING PERFORMED:** .....