

Eyelash History Form

Eyelash History Form

- Client Name*
- Have you had eyelash extensions before? *
Indicate date, frequency, and any adverse reactions
- Have you had eyelash extensions removed? *
Indicate date, frequency, and any adverse reactions
- Have you used under eye gel patches before? *
Indicate date, frequency, and any adverse reactions
- Have you had permanent cosmetics applied to your eyes? *
Indicate date, frequency, and any adverse reactions
- Do you wear glasses/contacts/both? *
 - Glasses
 - Contacts
 - Both
 - Neither
- Do you have a tendency to rub your eyes or pull on your lashes? *
 - Yes I frequently rub my eyes
 - Yes I frequently pull on my eyelashes
 - Yes to both
 - Neither
- Do you go tanning (in salon or outside) or get spray tans? *
Indicate frequency and adverse reactions

- Are you pregnant? If yes, have you discussed having this service with your doctor? *
If yes, indicate which trimester

- Which side do you sleep on? *
 - Right
 - Left
 - Back
 - Stomach

- Do you exercise? *
If yes, indicate frequency and activity

- Do you have an allergy to any of the following? If yes, please check box *
 - Acrylates or cyanoacrylates? (Example: Dermabond)
 - Nail Adhesives
 - Tape (bandages)/ Latex
 - Long-lasting or waterproof cosmetics
 - Cosmetic, skin care products, topical creams, or other topical products or ingredients
 - Any allergies not included, please indicate on date of service
 - None
 - Other

- If you answered "other" above please explain

- Have you had or used any of the following in the last 4 weeks? *
 - Eye surgery, wounds or infections
 - Exfoliation, skin tightening or skin resurfacing facial treatments (Examples: Acne treatments, chemical peels, microdermabrasion, laser)
 - Retin-A, Accutane or similar product
 - History of eye disease, condition, injury, or surgery that affected your hair/natural eyelash growth or loss
 - Any procedures not included, please indicate on date of service
 - None

- How would you describe your hair growth cycle*
 - Slow
 - Fast
 - Unsure
- Please note that medications used to treat the following conditions may cause hair/natural eyelash loss.

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

- Acne
- Allergies (when treated with non-steroidal anti-inflammatory drugs or NSAIDS)
- Anticoagulants
- Autoimmune diseases
- Birth control*
- Convulsions/epilepsy
- Depression
- Diet/weight loss
- Dry eye syndrome
- Fungus
- Glaucoma
- Gout
- High Blood pressure
- High Cholesterol
- Hormone imbalance, hormone therapy*
- Inflammation (when treated with NSAIDS)
- Parkinson's disease
- Thyroid disease
- Ulcers
- Cancer
- None of the above

- List all current medications, herbal supplements and vitamins:

- Please mark all conditions that apply:*

 - Alopecia
 - Asthma
 - Autoimmune diseases (Crohn's disease, arthritis, lupus, ulcerative colitis, etc.)
 - Back pain
 - Blepharitis
 - Bronchitis (chronic)
 - Claustrophobia
 - Cold Sore
 - Conjunctivitis (pink eye)
 - Diabetes
 - Dry eye syndrome
 - Eye sties or sores
 - Heavy eyelid
 - Hormonal disorders or changes
 - Leamy eye or excessive tearing
 - Migraines
 - Ocular rosacea
 - Overactive bladder
 - 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)
- None of the above

Additional Comments