

NaturaLashTM

INSTRUCTIONS FOR THE CONSULTATION FORM

This consultation form *must be used in conjunction with your current liability release form*. You may place your salon or spa information in it and make copies. Be sure that you do a full consultation with each client and maintain excellent records. Clients appreciate when you remember details about them. You might make notes about their husband or kid's names, pets, interests, etc. Birthday cards with a discount for their next service are a thoughtful marketing tool.

There is liability in any service provided by a professional, especially in these times. You are working with toxic chemicals and sharp implements near the eye. Use care in your services, document, and don't forget to have your client sign this liability release form. It is for your protection along with your required liability insurance. Your insurance carrier may require an additional form that must be signed.

The first page can be glued (glue stick) to the inside or front of a file folder. The record keeping page (separate document) is also provided or you may chose to create your own form for record keeping that has other services on it. The client record keeping form can be kept on the inside of your folder. Keep accurate records of each visit. These two forms can be invaluable to you along with before and after photos.

Review the completed form with your client. Be sure it is complete, initialed where indicated, and signed at the bottom. Discuss any "No" answers and use your best judgment to determine if your client is a candidate for the service. Always be conservative with your decisions and make sure the client understands the risks. Look for the "red flags" such as watery or red eyes. Patch testing may be necessary for clients who have not had exposure to acrylic nails.

Note: This information is provided as information only and does not constitute as legal advice. By using this form *you agree* that you will also use a liability release form provided to you by your legal council and/or liability insurance provider.

Eyelash Extension Consultation and General Liability Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Cell phone: _____ Work: _____

Birthday Month _____ Day _____ Yr _____

Emergency contacts name / phone number: _____

Who referred you? _____

Allergies: (latex, acrylates-such as acrylic nails) Y _____ (explain): _____ N _____

Asthma or any respiratory (breathing) problems? Y _____ (explain): _____ N _____

Sensitivities (itchy eyes, seasonal hay fever): Y _____ (explain): _____ N _____

Medical problems: (such as thyroid, alopecia, hair pulling – Trichotillomania, etc) Y _____ (explain): _____

_____ N _____

Able to lie on your back for 2-3 hours? Y _____ N _____ Are you pregnant or planning to be? Y _____ N _____

Prior eyelash extension procedure? Y _____ N _____ Result? _____

Do you wear contact lenses? Y _____ N _____ Will you remove them? (It is recommended to remove lenses) Y _____ N _____

Type of eye makeup remover and mascara? _____

Desired length/style of extensions: (natural, longer, dramatic, cat eye, embellished) _____

Sleeping on my face, extreme weather changes, steam, sauna, and other activities may damage the adhesive or crimp the extensions and may require more frequent refills. I reviewed and understand the aftercare instructions and will do my part to help maintain my eyelash extensions. Initial _____

I understand that eyelash extensions require ongoing maintenance (similar to a nail rebase) and that "Refill" fees are based on time and / or the number of extensions that need to be replaced at the "Refill" appointments. If I wait too long between "Refills", I may need to pay for a new full set. If I no longer wish to wear the eyelash extensions, my technician will remove them and I will not try to remove them myself and there may be a fee for removal of the eyelash extensions. Initial _____

I will seek medical care (at my own expense) and contact my NaturaLash Technician immediately if any allergic or adverse reaction occurs. All of my questions were answered and I understand the procedure and risks. Initial _____

I grant permission to use my before and after photos for marketing or examples of my technicians work. Initial Y _____ N _____ (Before and after photos are a permanent part of the Technician's records. You may opt out of marketing purposes)

I release NaturaLash by WINKx LLC and my Certified NaturaLash Technician or Salon (_____) from any and all liability associated with this procedure (which will be performed with the utmost attention to safety and proper application using tools and products that the Technician has been trained and certified to use. NaturaLash provides extensive, safe eyelash extension application training and is not responsible for any Technician errors or misunderstandings.) This procedure has many variables due to lifestyle, moisture, weather, extreme temperatures, natural eyelash shedding, and other factors. The Technician will assess and decide if I am a candidate for this service to the best of their ability. No guarantees are made or implied. Initial _____

By signing below, I verify that I have read and understand the above statements and agree to them. I also read and initialed the space above. (A separate insurance release form may also need to be signed that provides coverage for this procedure.)

Client signature: _____ Date: ____/____/____

Technician signature: _____ Date: ____/____/____

Notes: