

CLIENT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

INSTRUCTION: Client should update his/her information in section 1  
Stylist fills our Section 2 & 3

**SECTION 1 - CLIENT UPDATE**

1. Any signs of illness?  Yes  No If yes please name:  
*(Examples: Red eyes, stuffy nose, seasonal allergies, etc)*
2. Diagnosed with new condition or disease since last visit?
3. Allergies since last visit?  Yes  No If yes please name:  
*(Included adverse reactions experienced)*
4. New medications, vitamins or herbal supplements since last visit?  Yes  No If yes please name:
5. Pregnant since last visit?  Yes  No If yes which Trimester?  1  2  3
6. On a new diet?  Yes  No If yes please name:
7. Exercise regularly?  Yes  No
8. Do you wear contact lenses or glasses?  Yes  No
9. New facial or eye products used since last visit?  Yes  No If yes please name:
10. Have you had your lashes tinted in the last 4 weeks?  Yes  No
11. Procedures on face or around eyes within the last 48 hours?  Yes  No If yes please name:  
*(Include permanent cosmetics, skin-resurfacing, tinting, perming, surgeries, etc.)*
12. Last time you wore cosmetic products on your face/ around eyes? *(Include all worn within the last 3 days.)*

**WHAT IS YOUR DESIRED LOOK?**

**LENGTH**  Subtle  Noticeable  Dramatic      **VOLUME**  Subtle  Noticeable  Dramatic

Other design request:

**SECTION 2: ASSESSMENT OF CLIENT'S NATURAL LASHES & EYES**

Type of natural lashes	<input type="checkbox"/> Straight <input type="checkbox"/> Curly <input type="checkbox"/> Fine <input type="checkbox"/> Corse <input type="checkbox"/> Oily <input type="checkbox"/> Damaged <input type="checkbox"/> Downwards			
Color of lashes	<input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blond <input type="checkbox"/> Other:			
Color of eyes	<input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other:			
Color of brows	<input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Red <input type="checkbox"/> Blond <input type="checkbox"/> Other:			
Thickness of lashes	<input type="checkbox"/> Very thin <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Thick <input type="checkbox"/> Very Thick			
Density of lashes	R <input type="checkbox"/> Vey dense <input type="checkbox"/> Dense <input type="checkbox"/> Average <input type="checkbox"/> Sparse <input type="checkbox"/> Gaps	L <input type="checkbox"/> Vey dense <input type="checkbox"/> Dense <input type="checkbox"/> Average <input type="checkbox"/> Sparse <input type="checkbox"/> Gaps		
Length of natural lashes	R	L		
Skin type	<input type="checkbox"/> Dry <input type="checkbox"/> Normal <input type="checkbox"/> Oily <input type="checkbox"/> Combination:			

**DIRECTIONS**

1. Draw in the design chosen based on your client's natural lashes below.
2. Indicate lash density, lash breakage, gaps, sties, moles, redness, drooping lid and any other abnormalities or observations. Be sure to discuss observations with client.

**NATURAL EYE SHAPE:**

- Oval
- Downwards
- Cat
- Round



**SECTION 3: SNAPSHOT OF TODAY'S LASH APPLICATION**

Type of service	<input type="checkbox"/> Full Set <input type="checkbox"/> Re - Lashes <input type="checkbox"/> Lash Extension repair		
Primer	Batch #		
Lower lash covering	<input type="checkbox"/> Lint free gel patch <input type="checkbox"/> Hydrating gel patch <input type="checkbox"/> Tape	Batch #:	
Adhesive Type:	Batch #		
# of adhesive drops used	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
Application room environment:	Humidity:	Temperature:	
Time of application	Start time:	Stop time:	
# of lashes applied	Right eye:	Left eye:	
Thickness & Curvature	Thickness <input type="checkbox"/> Thin 0.10 <input type="checkbox"/> Thick 0.15 <input type="checkbox"/> Super Thick .20	Curvature <input type="checkbox"/> x 30 <input type="checkbox"/> x 35 <input type="checkbox"/> x 40 <input type="checkbox"/> x 50	
Length of extension used:	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14		
Color of Extensions:			
Client discomfort or complaints:			