by Jo Mousselli
XTREME LASHES®

REGISTRATION & HISTORY FORM

Client Full name: Date:

Date of Birth: Gender: ☐ Female ☐ Male

Address:

City: Postal code:

Phone #:

Email:

Emergency Contact & phone #: Relationship to you:

How may we contact you regarding appointments or specials: ☐ Email ☐ Phone Call

HOW DID YOU HEAR ABOUT US?

Facebook/Instagram:

Name of person who referred you : Phone #:

QUESTIONS

1. Have you received eyelashes extensions before? ☐ Yes ☐ No If yes, How often:

2. Have you ever had eyelashes extensions removed? ☐ Yes ☐ No

3. Have you used under eye gel patches? ☐ Yes ☐ No

4. Have you had permanent cosmetic applied to your eyes area? ☐ Yes ☐ No

5. Do you wear contact lenses or glasses? ☐ Yes ☐ No

6. Do you have a tendency to rub your eyes or pull your lashes? ☐ Yes ☐ No

7. Do you go to tanning salon or get spray tans? ☐ Yes ☐ No

8. Are you pregnant? ☐ Yes ☐ No
If yes, have you discussed this service with your doctor? Which Trimester? ☐ 1 ☐ 2 ☐ 3

9. What side do you sleep on? ☐ Right ☐ Left ☐ Back ☐ Stomach
Please note that you may experience more eyelashes extension loss on the side on which you sleep

10. Do you exercise? ☐ Yes ☐ No If yes, How often:

11. Are you on a special diet? ☐ Yes ☐ No
Please be advised that healthy natural lashes and hair growth require a diet rich in amino acids and protein. In addition, low-carb, low-protein and quick-results diets may affect a body's chemical balance, which can lead to loss of or damage to hair/natural lashes. If client is on a special diet recommend Amplifeye® Lash & Brow Fortifier and Amplifeye® Lash & Brow Supplement

12. What brand and products are you currently using around your eyes?

Basic makeup application and normal lifestyle can resume after the eyelash extension application. However, the following activities should be avoided within the first 3 hours: spray or airbrush tanning, exposure to excessive steam, exposure to excessive heat, contact lenses insertion and non Xtreme Lashes® cosmetics & skincare products

14. DO YOU HAVE AN ALLERGY TO ANY OF THE FOLLOWING? IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION.

Acrylates or cyanoacrylates? ☐ Yes ☐ No

Tape (bandages)? ☐ Yes ☐ No

Cosmetic, skin care products, topical creams or other topical products or ingredients? ☐ Yes ☐ No

Long-lasting or waterproof cosmetics? ☐ Yes ☐ No

Nail adhesive? ☐ Yes ☐ No

Any allergies not including those listed above? ☐ Yes ☐ No If yes:

15. HAVE YOU HAD OR USED ANY OF THE FOLLOWING IN THE PAST 4 WEEKS?

Eye surgery, wounds or infections? ☐ Yes ☐ No

Exfoliation, skin-tightening or skin resurfacing facial treatments? (exp. Acne treatment, chemical peels, microdermabrasion, laser) ☐ Yes ☐ No

16. How would you describe your hair growth cycle as compared to others? ☐ Slow ☐ Fast ☐ Normal

17. PLEASE NOTE THAT MEDICATIONS USED TO TREAT THE FOLLOWING CONDITIONS MAY CAUSE HAIR/NATURAL EYELASH LOSS. IF YOU ARE ON MEDICATIONS TO TREAT ANY OF THE FOLLOWING, PLEASE MARK THEM BELOW:

☐ Acne	☐ Allergies (NSAIDS)	☐ Anticoagulants	☐ Autoimmune Diseases
☐ Birth Control *	☐ Cancer	☐ Convulsions/ Epilepsy	☐ Depression
☐ Diet/ Weight Loss	☐ Dry eye syndrome	☐ Fungus	☐ Gout
☐ Glaucoma	☐ High Blood Pressure	☐ High Cholesterol	☐ Parkinson's disease
☐ Thyroid disease	☐ Ulcers	☐ Hormone imbalance, hormone therapy *	☐ Inflammation (NSAIDS)

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

NSAIDS : Non steroidal anti-inflammatory drugs

18. List all current medication, herbal supplements and vitamins:

19. PLEASE MARK ALL CONDITIONS THAT APPLY:

☐ Alopecia	☐ Asthma	☐ Autoimmune dieses	☐ Back Pain
☐ Bell's Palsy	☐ Blepharitis	☐ Bronchitis (chronic)	☐ Claustrophobia
☐ Cold Sore	☐ Conjunctivitis (pink eye)	☐ Diabetes	☐ Diabetic retinopathy
☐ Dry eye syndrome	☐ Eye sties or sores	☐ Heavy eyelid	☐ Hormonal disorder
☐ Leamy eye/ exc. 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)	Other:	