REGISTRATION AND HISTORY FORM

Client Name: _____ **Date:** _____
Address: _____
City: _____ _____ **State:** _____ **Zip:** _____
Home #: _____ **Business #:** _____ **Cell #:** _____ **Fax #:**_____
Email: _____
Facebook Account: _____ **Twitter Name:** _____
How may we contact you regarding scheduled appointments or specials? Check all that apply:

❑ Text Message ❑ Email ❑ Home Phone ❑ Business Phone ❑ Mobile

When do you prefer to be contacted? ❑ Morning ❑ Afternoon ❑ Evening

Birthday: _____**Anniversary:** _____
Sex: ❑Female ❑Male **Age:** _____ **Occupation:** _____
Emergency contact name: _____
Emergency contact phone #: _____ **Relationship to you:** _____
How did you hear about us?_____
Name of person who referred you: _____ **Phone:** _____

Question	Y	N	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
1. Have you ever received eyelash extensions?	❑	❑			
2. Have you had eyelash extensions removed?	❑	❑			
3. Have you used under eye gel patches before?	❑	❑			
4. Have you had permanent cosmetics applied to your eye area?	❑	❑			
5. Do you wear glasses?	❑	❑			
6. Do you wear daily disposable, extended wear or permanent contacts?	❑	❑			
7. Do you have a tendency to rub your eyes or pull on your eyelashes?	❑	❑			
8. Do you go tanning (in salon or outside) or get spray tans?	❑	❑			
9. Are you pregnant? If yes, have you discussed having this service with your doctor?	❑ ❑	❑ ❑	Which trimester? ❑1 ❑2 ❑3		

10. Which side do you sleep on?
    - ❑ Right
    - ❑ Left
    - ❑ Back
    - ❑ Stomach

Please note that you may experience more eyelash extension loss on the side on which you sleep.

11. Do you exercise?
    - ❑ Yes (If yes, fill out the chart below.)
    - ❑ No

Type of Activity	Frequency # Times / Week	Indoors or Outdoors?	Stylist Notes
1.			
2.			
3.			
4.			

12. Are you on a special diet?
    - ❑ Yes*
    - ❑ No

    Please be advised that healthy natural eyelashes 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 eyelashes.

    If client is on a special diet recommend Amplifeye® Lash & Brow Fortifier and Amplifeye Lash & Brow Supplement.

13. What brands and products are you currently using around your eyes?

Product Name & Brand	Frequency of Use (Per day / Week / Month)	Stylist Notes
Facial Cleanser:		
Facial Mask:		
Facial Toner:		
Facial Primer:		
Day Moisturizer:		
Night Moisturizer:		
Facial Sunscreen:		
Eye Treatment:		
Eye Primer:		
Eye Cream:		
Eye Serum:		
Eye Makeup Remover:		
Eyeliner:		
Eye Shadow:		
Mascara:		
Eyelash Fortifier/ Conditioner:		
Brow Products		
Hair, Skin and Nail Supplements		

MEDICAL HISTORY:

Questions	Y	N	Type(s)	Date & Frequency	Adverse Reactions? *Describe symptoms*	Stylist Notes
14. Do you have an allergy to any of the following? If yes, please provide additional information.						
Acrylates or cyanoacrylates? *(Example: Topical skin adhesives)*	❑	❑				
Nail adhesives?	❑	❑				
Tape (bandages)?	❑	❑				
Long-lasting or waterproof cosmetics?	❑	❑				
Cosmetic, skin care products, topical creams or other topical products or ingredients?	❑	❑				
Any allergies not including those listed above?	❑	❑				
15. Have you had or used any of the following in the last 4 weeks?						
Eye surgery, wounds or infections?	❑	❑				
Exfoliating, 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?	❑	❑				

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

17. Please note that **<u>medications</u>** 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 (when treated with non-steroidal anti-inflammatory drugs (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

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

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

19. Please mark all conditions that apply:

- ❑ Alopecia
- ❑ Asthma
- ❑ Autoimmune diseases (Crohn's disease, arthritis, lupus, ulcerative colitis, etc.)
- ❑ 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 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)
- ❑ Other: _____

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 Glam Spa cosmetics & skincare products

Date	Additional Comments