



LASH LIFT & TINT

client intake form

CLIENT INFORMATION

Name: _____ Surname: _____

Date of Birth: _____ Email: _____

Address: _____ City: _____ Post Code: _____

Phone: _____ Emergency Contact: _____

LASH LIFT AND TINT HISTORY

Have you had a Lash Lift or Tint treatment before? Yes No
If yes, please specify: _____

Do you currently have eyelash extensions? Yes No
If yes, please specify: _____

Are you currently using any lash growth serums? Yes No
If yes, please specify: _____

Have you previously experienced any adverse reactions during or after a Lash Lift or Tint treatment? Yes No
If yes, please specify: _____

Do you have any specific expectations or concerns regarding the Lash Lift and Tint procedures? Yes No
If yes, please specify: _____

Client Signature

Date