



BELLA VIA  
Skin and Body Therapies

# EYELASH EXTENSIONS INTAKE FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

(Your email address will be used for appointment confirmations, quarterly newsletters, and to alert you of specials and promotions.)

How were you originally referred to Bella Via? (Please circle and add note if applicable.)

Dr. Colville      Dr. Zavell      Website      Friend: \_\_\_\_\_

Other: \_\_\_\_\_

## AREA SPECIFICS

Is this the first time that you have had eyelash extensions applied?      YES      NO

If no, where did you have them applied? \_\_\_\_\_

Please indicate if you have worn any of the following types of lashes within the last 60 days:

Individual       Strip       Flare       Other \_\_\_\_\_

Do you:     curl       perm       tint      your lashes? (Please check all that apply.)

Are you having lash extensions applied for:     daily wear       a special occasion

Do you wear contacts?      YES      NO

Do you habitually rub, pull, or pick your eyelashes for any reason?      YES      NO

Do you have, or are you being treated for any eye illness or injury?      YES      NO

What side do you predominately sleep on?      RIGHT      LEFT

Please list any eye drops or eye medications that you are currently using: \_\_\_\_\_

Are you able to keep your eyes closed and lie still for up 2 hours or longer?    YES      NO

Please check off any of the following that apply to you:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Lasik Eye Surgery   | <input type="checkbox"/> Dry Eye                  | <input type="checkbox"/> Permanent Cosmetics                               | <input type="checkbox"/> Blepharoplasty   |
| <input type="checkbox"/> Microdermabrasion   | <input type="checkbox"/> Seasonal Allergies       | <input type="checkbox"/> Alopecia  | <input type="checkbox"/> Thyroid Diseases |
| <input type="checkbox"/> Glycerin Allergies  | <input type="checkbox"/> Iron Deficiency          | <input type="checkbox"/> Ringworm  | <input type="checkbox"/> Major Surgery    |
| <input type="checkbox"/> Eating Disorders  | <input type="checkbox"/> Oral Contraceptives      | <input type="checkbox"/> Anticoagulants                                    | <input type="checkbox"/> Retinoids        |
| <input type="checkbox"/> Accutane  | <input type="checkbox"/> Beta-Adrenergic Blockers | <input type="checkbox"/> Chemotherapeutic Agents                           | <input type="checkbox"/> Flu Symptoms     |
| <input type="checkbox"/> Hormonal Imbalance  | <input type="checkbox"/> Recent High Fever        | <input type="checkbox"/> Severe Illness                                    | <input type="checkbox"/> Extreme Stress   |
| <input type="checkbox"/> Allergies to Adhesives or Synthetics                                |   | <input type="checkbox"/> Hypersensitivity to Cyanoacrylate or Formaldehyde |   |
| <input type="checkbox"/> Childbirth Within the Last 120 Days                                 |   | <input type="checkbox"/> Drugs that Cause Hair Loss                        |   |
| <input type="checkbox"/> Exposure to Chemicals in Swimming Pools, Bleach, Hair Dye, or Perms |   |  |   |



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# EYELASH EXTENSIONS CONSENT FORM

## Cost of Procedures:

- Eyelash Extension Consultation: \$25 (fee applied to application)
- Full Set Eyelash Extension Application: \$250 (includes one free lash fill)
- Outer Corner Eyelash Extension Application: \$100
- Eyelash Fill (Maintenance): \$65 & up (after first free lash fill)
- Eyelash Repair: \$40 (for small, last-minute fixes)

Please read and initial the following:

\_\_\_\_\_ I understand that there are risks associated with the application and/or removal of artificial eyelashes. These risks include, but are not limited to: eye irritation, eye pain, discomfort, and in rare cases, blindness.

\_\_\_\_\_ As part of this procedure, I understand that a certain amount of eyelash adhesive will be used to apply each extension to my existing eyelashes. Although the Certified Lash Artist may apply and/or remove the Eyelash Extensions properly, I understand that there is a possibility that the adhesive may become dislodged during or after the procedure, which may irritate my eyes or require further follow-up care.

\_\_\_\_\_ To secure my Full Set Eyelash Extension appointment, I agree that I must either give a valid credit card number or a deposit of \$50. A 24-hour notice is required if I need to cancel this appointment. In the event that I cancel within 24 hours of my appointment, or no-show to my appointment, my credit card will be charged \$50, or Bella Via will keep the \$50 deposit.

\_\_\_\_\_ I understand that a free lash fill is available at no charge 7-10 days after my initial application. I understand that if I do not schedule the free lash fill appointment within the 7-10 day window, the normal Eyelash Fill fee of \$65+ will apply.

\_\_\_\_\_ I consent to having "Before" and "After" photographs of my lash application.

\_\_\_\_\_ Photographs may be used for the purpose of documentation. These photographs **may** \_\_\_\_\_ or **may not** \_\_\_\_\_ be used for advertising purposes.

\_\_\_\_\_ I have read and completed the Eyelash Extensions Intake & Consent form in its entirety, and have answered everything to the best of my ability. I have been informed of potentially harmful or negative side effects that may be caused by the application and/or removal of Eyelash Extensions.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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