



## Consultation Questionnaire

1. Have you ever had individual eyelash extensions applied before? Yes\_\_\_ No\_\_\_
2. Did you or are you using any types of eyelash conditioners, fortifiers, serums, or medications? (Example: LaTisse) \_\_\_\_\_
3. Do you: Perm\_\_\_ Tint\_\_\_ Curl\_\_\_, your lashes? None\_\_\_
4. Do you wear contact lenses? Yes\_\_\_ No\_\_\_
5. Are you allergic to any adhesive, latex, or tape? Yes\_\_\_ No\_\_\_  
If yes, please list: \_\_\_\_\_
6. Do you take any medication that may cause your eyes to be dry or itch? Yes\_\_\_ No\_\_\_  
If yes, please explain \_\_\_\_\_
7. Have you or are you currently under any type of treatment that may cause the hair or eyelashes to fall out?  
Yes \_\_\_ No\_\_\_ If yes, please explain \_\_\_\_\_
8. Do you have any allergies? Yes\_\_\_ No\_\_\_  
If yes, please list \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_

How did you hear about us? Friend \_\_\_ Name \_\_\_\_\_

Website \_\_\_ Magazine \_\_\_ Phone Book \_\_\_ Other \_\_\_\_\_