Lash Lifting & Tinting Client Information & Consent Form

Name: ______________________________

Address: ______________________________

City: ____________________ State: __________ Zip: ____________________

Phone Number: ______________________________

Birthdate: ______________ Occupation: ______________________________

How did you hear about Spa Western? ______________________________

Emergency Contact (Name, Relationship, Phone Number): ______________________________

____

Have you received waxing treatments in the past? ________Yes ________ No

Have you had an reaction from waxing in the past? ________Yes ________ No

If yes, please explain: ______________________________

Are you using any home care in between waxing appointments? ________Yes ________ No

Spa Western Skin Care Treatment Guidelines

Your skin care therapist will need an updated list of medications, supplements, allergies and sensitivities, as well as any relevant medical history changes since your initial consultation in order to ensure you receive the best treatment. Any changes to this list without the skin therapist being aware can affect how your skin reacts to treatments and your home care.

Your skin care therapist will adjust your home care routine on a regular basis to keep your skin progress moving forward. If your home care routine is not changed often enough, your skin will adapt to the regimen and stop responding. In other words, you won't progress and reach your goals.

Due to expensive spa equipment and skin care products in our treatment rooms that can be dangerous to children, we ask you make arrangements for your children during your service. We have childcare available for members & spa guests who want to utilize spa services. Please call at least 24 hours in advance to reserve your child's spot in our childcare.

If you are more than 15 minutes late for your appointment, your skin care therapist does not guarantee you will be seen. If you do not show up for you appointment on multiple occasions, the skin care therapist has the right to charge you for your scheduled service.

Please leave your cell phone on silent or turned off during treatment so it is not a distraction to you or your skin care therapist. If your phone must be on for a specific reason, please let your skin care therapist know at the beginning of the treatment.

Have you received tinting treatments in the past? ________Yes ________ No

Did you have a reaction from tinting in the past? ________Yes ________ No

If yes, please explain: ____

Have you received a lash lifting in the past? ________Yes ________ No

Did you have a reaction from lash lifting in the past? ________Yes ________ No

If yes, please explain: ____

Are you currently receiving treatment(s) for an eye injury or illness? ________Yes ________ No

If yes, please explain. ____

Please list any eye medications or drops (prescription or over-the-counter) that you are using:

____

Please check if you are using any of the following beauty products:

- ☐ Lash growth treatment/serum
- ☐ Eyelash curler
- ☐ Mascara
- ☐ Waterproof Mascara
- ☐ Oil-based products (including sunblock, eye creams, mascara, eyeliner, and make-up remover

Please check the box if you have or have had any of these health conditions:

- ☐ Allergies to adhesives (glue, tapes, Band-aids, etc.) or glycerin
- ☐ Allergies to acrylic nails
- ☐ Hypersensitivity to formeldahyde
- ☐ Watery or dry eyes
- ☐ Alopecia
- ☐ Chemotherapy/radition
- ☐ Oily skin/hair
- ☐ Hormonal imbalance or extreme stress
- ☐ Recent resurfacing treament
- ☐ Recent Microdermabrasia/ chemical peel/dermaplaning
- ☐ Pregnant or lactating
- ☐ Sensitive skin
- ☐ Eczema/Psoriasis
- ☐ Dermatitis
- ☐ Glaucoma
- ☐ Compulsive lash or eyebrow pulling
- ☐ Major surgery within the last 120 days
- ☐ Recent eye lift
- ☐ Cataract surgery
- ☐ Recent medical treatment to the eye, lilds, or duct
- ☐ Exposure to certain chemicals found in swimming pools
- ☐ Contact lenses
- ☐ Lash/eyebrow loss
- ☐ Permanent eye or brow make-up
- ☐ Thyroid disease/medications
- ☐ Irritated/broken skin
- ☐ Lasik eye surgery
- ☐ Pink eye
- ☐ Recent high fever or severe illness
- ☐ Claustrophobia

I understand, have read and completed this questionnaire truthfully. I understand that withholding information from my skin care therapist may result in contraindications or skin irritation from treatments received at Spa Western. The lash or eyebrow tinting I receive at Spa Western are voluntary and I release Spa Western and their employees from liability and assume full responsibility thereof.

______________________________ ______________________________ ______________________________

Printed Name *Signature*

For guests unders the age of 18:

As the parent or legal guardian of ____________________ (minor's name), I give permission for her/him to have spa services performed at Spa Western. I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liabilities described on these forms. I agree to supervise any home care procedures that are recommended as a result of the treatment.

______________________________ ______________________________ ______________________________

Full name of parent or guardian *Signature of parent or guardian* *Signature of Skin Care Therapist*

Date

____

Signature of WRFC employee
(f Skin Care Therapist is not available)

This form must be signed in person by the parent or guardian at the time of the service or before the service, witnessed by the skin care therapist or another Western Racquet and Fitness Club employee.

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Date