



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

Waterproof Mascara

Eyelash curler

Oil-based products (including sunblock, eye creams, mascara, eyeliner, and make-up remover)

Mascara

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

Pregnant or lactating

Exposure to certain chemicals found in swimming pools

Allergies to acrylic nails

Sensitive skin

Contact lenses

Hypersensitivity to formaldehyde

Eczema/Psoriasis

Lash/eyebrow loss

Watery or dry eyes

Dermatitis

Permanent eye or brow make-up

Alopecia

Glaucoma

Thyroid disease/medications

Chemotherapy/radiation

Compulsive lash or eyebrow pulling

Irritated/broken skin

Oily skin/hair

Major surgery within the last 120 days

Lasik eye surgery

Hormonal imbalance or extreme stress

Recent eye lift

Pink eye

Recent resurfacing treatment

Cataract surgery

Recent high fever or severe illness

Recent Microdermabrasion/chemical peel/dermaplaning

Recent medical treatment to the eye, lids, or duct

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 under 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
(if 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.

Date