



## Confidential Medical Intake & Consent Form

# LA BELLISSIMA

*cosmetic tattoo & eyelash services*

**Please note:** As a new La Bellissima Expert Lash, Brow & Beauty client, it is very important that you read through, fill out, and sign these pages and that you come to the studio fully prepared for your service. Please arrive on time. If you are 15 or more minutes late, it is counted as a no-show.

- ☞ The service area should be **completely clean**, without a trace of makeup or strip eyelash glue. To remove strip eyelash glue, use a warm, wet washcloth to stroke downward on your lashes repeatedly. If I have to use our session time to remove makeup, it will cut into your service and we'll need to reschedule
- ☞ You should **not** have used **any creams** on or around the **eye area** for **24 hours**. **No exceptions**. The presence of eye cream over this period of time interferes with adhesive bonds and other products used in the service.
- ☞ You should have **no caffeine or alcohol** prior to the appointment; you will need to lie still, and bathroom breaks are not possible.
- ☞ You should **avoid drinking anything** for several hours prior to your appointment; bathroom breaks are not possible.
- ☞ The procedure is very relaxing; you will probably fall asleep. If you think you might be uncomfortable or restless lying in one position for so long, you might consider taking ibuprofen or even Benadryl or Melatonin (please arrange for someone to transport you). But save the alcohol for afterwards!
- ☞ Please have your phone on silent. Tell friends and family that you will be unreachable for the full length of your service time. Remind partner (spouse, fiancé(e) & boy/girlfriend, especially), as well as children right before. They will forget 😊
- ☞ You must wait 4-24 hours before getting the service area wet; please shower & wash your hair right beforehand or at least the night before.

In this document, I just want to review with you what we have planned and how you can best prepare and follow up. Also, please note that this includes an **intake form** that I need you **read, fill out, and sign or initial in places marked by a red X**. **Please bring this intake form with you to your first appointment.**

## Your Appointment:

La Bellissima Expert Lash, Brow & Beauty is located within Sola Salons in the Pearl District in downtown Portland. The address is **510 NW 10<sup>th</sup> Ave., Studio 9, Portland, OR 97209**. Parking can be challenging, so **please check the website for parking information**.

The expected length of time of your appointment is **3.5-4+ hours**, so **please plan accordingly**. The total amount due for your services does not include retail products or other services I may recommend. These might include a care kit (\$30), eyelash and/or eyebrow growth serum (\$65-\$85), or other retail items of your choosing. If your lashes are very light, I may suggest tinting (\$35). Again, please plan for this. **Client care is the most important factor in the longevity of your service**. The amount also does not include gratuity.

Clients ask me this, so here you go: The **standard gratuity** for beauty service is 20-25%; it is customary for this to be calculated on the full price of the service (before any nonrefundable deposit), but not on any products. But, please note: gratuities are entirely optional; it is my pleasure to serve you!

Payments are due at the time of the appointment. I take **cash** or **any debit, Visa, MasterCard, or Discover card**. **Sorry, no AMEX!**

I have read and understand the above \_\_\_\_\_  
Client Signature
Date



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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Service Requested (please check):**

- Russian Volume Eyelash Extensions New Set
- Transfer Client, New Set + Removal
- Mega Volume Extensions
- Textured Volume Extensions
- Removal

**CONFIDENTIAL MEDICAL INTAKE & CONSENT FORM**

**CLIENT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Birth day (month, day, year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  I can receive text messages on this line

Gender:  F  M  Nonbinary  
 Other: \_\_\_\_\_

**Pronoun Preference:**

She/Her  He/Him  
 They/Them  Other \_\_\_\_\_

**Please check any that apply to you as a condition you have had:**

- Lasik eye surgery (when? \_\_\_\_\_)
- Glaucoma or other eye condition surgery (when? \_\_\_\_\_)
- Eye illness or injury (what/when? \_\_\_\_\_)
- Seasonal allergies
- Burnt, cut, or otherwise eyelash hairs
- Allergic reaction to eyelash extensions or their adhesive

**In the past 6 months:**

- Blepharoplasty** (eye-lift)
- Blepharitis** (inflammation of the eyelid)
- Cancer treatment leading to hair loss**
- Allergies to adhesives** found in bandages or medical tape
- Allergies to cyanoacrylate** adhesives (e.g., eyelash/eyebrow extension adhesive, surgical glue, nail glue, crazy glue)
- Known hypersensitivity** to *micro* amounts of **formaldehyde** (a possible by-product released by such adhesives)
- Hormone replacement therapy or hormone therapy or hormone imbalance**
- Extreme stress**
- Recent **severe injury or major illness**
- Pregnancy or recent childbirth**
- Vitamin and mineral deficiencies** that may contribute to hair & eyelash loss: A, B, selenium, zinc, iron, folic acid
- Trichotillomania** (hair-pulling disorder)
- New or recently prescribed oral contraceptives**
- Changes in medications** (prescription or otherwise) and/or **vitamins & supplements**
- Thyroid irregularities**
- Hypertriglyceridemia** (Very high blood fats called triglycerides)
- Fungal infections**
- Seborrhea or psoriasis**
- Types of medication that may contribute to hair & eyelash loss:**
  - Antihypertensives (blood pressure meds):** Propranolol, Atenolol, Captopril, Clonidine, other beta blockers
  - Antidepressants/Psychotics/Emotional Stabilizers:** Prozac, Zoloft, Lithium, Haldol, Amitriptylene, Sinequan (Doxepin), Imipramine, etc.

**Which of the following applies to you?**

- I sweat regularly due to exercise or any other reason
- I have a tendency toward oily skin in T-Zone or elsewhere (please conduct [Skin Type Tissue Test](#))
- I have bangs
- I sleep on my stomach
- I get facials
- I spray tan
- I sleep with an eyemask
- Hair loss (balding, alopecia) beginning or running in my family
- I have scarring near my eye area

- Seizure Medication:** Phenytoin (Dilantin), Phenobarbital, Valproic Acid, etc.
- Anticoagulants (blood thinners)**
- Vitamin E or fish oil supplements**
- Nicotinic Acid:** A "B" vitamin
- Vitamin A:** This also applies to its derivatives like Accutane, Acitretin, Soriatane, Retin-A, Strivectin, and other retinoids (prescription) to treat acne or wrinkles
- Topical ophthalmic beta-blocker** agents/drops (such as Timolol) that may cause reversible eyelash loss at the telogen stage.
- Anti-Inflammatories**
  - Aspirin**
  - Naproxyn**, such as Naprosyn, Alleve, etc.
  - Ibuprofen**, such as Motrin, Advil, etc.
  - Acetaminophen**, such as Tylenol.
- Chemotherapeutic** agents used to treat cancer
- Gold** (to treat rheumatoid arthritis)
- Steroids**
- Medications to treat:**
  - Hyper- or hypothyroidism
  - Alopecia areata
  - Lupus
  - Diabetes

I understand that the items I have checked may increase the risks involved in having treatments applied to and/or removed from my eye area or decrease the longevity of the treatment, and do hereby give my consent for the procedure. I further agree to inform Professional if any of the above conditions have changed prior to proceeding with the service in any future appointments:

X \_\_\_\_\_  
Client Signature Date

**TO PREPARE FOR YOUR PERSONALIZED CONSULTATION, PLEASE ANSWER THE FOLLOWING**

Are the lashes you are getting today for a special occasion or a trip?

- No  
 Yes (if so, when is the trip/event? \_\_\_\_\_ & where is it? \_\_\_\_\_)

Have you worn:

- strip lashes (approx. date strip last worn: \_\_\_\_\_)       individual “flare” or bundle lashes  
 previous eyelash extensions (brand / artist certification \_\_\_\_\_)       classic       volume

What kind of eye makeup do you wear (Note: I don’t want to know the brand; just whether you use and what type)?

- eyeliner       liquid       gel       pencil       powder & wet angle brush (*recommended*)       other \_\_\_\_\_  
 eye shadow       cream       crayon       powder (*recommended*)       eye shadow primer       other \_\_\_\_\_  
 mascara       top lashes (not allowed after today)       bottom lashes       nonwaterproof       waterproof       none  
*(L’Oreal Paris Double-Extend Beauty Tubes recommended)      (worst!)      (best!)*

Do/have you:

- curl(ed) your lashes       tint(ed) your lashes (date: \_\_\_\_\_)       had lash perm/lift (date: \_\_\_\_\_)       permanent eyeliner (date: \_\_\_\_\_)  
*(if your lashes are very light, talk to me about pre-tinting)      (If you want perm eyeliner, we should do that first)*

What product(s) do you currently use?

- eye cream       moisturizer       sunscreen       hair spray, including oil & shine sprays       airbrush tanning       airbrush makeup

**CONSENT FOR EYELASH SERVICES**

I have agreed to have extensions applied to and/or removed from my eyelashes. Before my qualified Professional can perform this procedure, I understand I must complete this agreement and provide my informed consent by signing and dating where indicated below.

**1. Waiver of Liability.** I understand there are risks associated with having artificial eyelashes applied to and/or removed from my existing eyelashes, and that notwithstanding the utmost of care in the application or removal of these products, there still exist extremely rare risks associated with the procedures and products themselves, which include without limitation, skin irritation and redness around the area of application, eye irritation, eye pain, discomfort, and, in rare cases, blindness when improperly handled. I understand that a certain amount of surgical-grade adhesive material will be used to attach the artificial hairs to my existing hairs. Even though the Professional may carry out the procedure properly, I understand that adhesive material may become dislodged during or after the procedure, which may irritate my eyes or skin or require further follow-up care, at my own expense to prevent damage to my eyes. I also agree to defend, indemnify, and hold harmless Professional from any and all claims, actions, expenses, damages, and liabilities, including reasonable attorneys’ fees which might be asserted against her as a result of my having procedures performed or my purchase of any related products. As used in this agreement, the term “Professional” includes all of her officers, directors, agents, employees, successors, and assigns. **X Initial** \_\_\_\_\_

**2. Permission to Use Pictures.** I understand that it is a condition of this service that I grant to Professional the full right to take, publish, and reproduce photographs of me, my face, and my eyes, both before and after this procedure, for any advertising, education, or other purposes whatsoever, including the right to retouch these photographs as deemed necessary by Professional. I further expressly assign any copyright in these photographs to Professional. I also grant my consent for Professional to use my image and likeness as contained in these photographs for any advertising or other purposes, along with any comments I may provide. **These images will be used without my name.** **X Initial** \_\_\_\_\_

**3. Eyelash Extension Care & Maintenance.** I agree to follow the aftercare instructions provided by Professional for the care of my eyelashes, and that if any additional work or follow-up care is required due to my own mistake or negligence, or failure to follow these instructions, this will be at my own expense and risk. I understand that if I do not follow the aftercare instructions provided, this may result in damage to my natural lashes or damage to or premature loss of extensions. If I experience any itching, swelling, redness, or irritation, **I agree to contact my Professional immediately for removal.** I agree not to attempt to remove my extensions. **X Initial** \_\_\_\_\_

**4. No Known Medical Conditions / Informed Consent.** I have read and completed the Client Intake Form in its entirety and in truth. I understand that lash extension adhesives and adhesive remover are a skin, eye, and mucus membrane irritant and that in rare cases, persons may be allergic or have hypersensitivity to synthetics, cyanoacrylate, or formaldehyde which in *small amount may* be present in the adhesive. I understand that the extension procedure requires that I **lie still** for up to 3 hours, and that I **may be asked not to talk** to expedite the service. I further state that I have no known medical condition that might be aggravated by the procedure or any medical condition that would prevent me from complying with or heeding the Professional’s instructions or these warnings. **X Initial** \_\_\_\_\_

**5. Potential Incompatibility.** I understand that not everyone is a candidate for these services, that the Professional may determine, before or after she begins the service, that she may not be able to complete the service in a safe manner with or without additional fees. I understand that the Professional may bill for time and materials used up to the point of determining that I am not a candidate for the services. **X Initial** \_\_\_\_\_

**6. Lash Extension Limited Guarantee.** I understand that due to variations among people in oil & sweat production, skin conditions, exercise, makeup, showering habits, skin & hair turnover, and care & cleaning of the eye area, Professional is unable to offer any guarantee regarding the longevity of the service products. I understand that if I contact Professional within one week of application of extensions and am able to show that I have lost 90% the extensions, Professional may, at her discretion, provide a complimentary new full service. **X Initial** \_\_\_\_\_

**7. Fifty Percent Retention Rule.** I understand that **if I have lost more than 50% of my extensions since my last fill, I am required to receive and pay for a new full set.** I understand that if I am unaware of the level of loss and come to a regularly scheduled fill, and that Professional notifies me that I have fewer than 50% of my extensions remaining, Professional may, at her discretion, cancel the appointment, charge me for the full amount, and/or reschedule a new full set or perform as much of the appointment as she can, having me return within one week for the remainder of a new full set. **X Initial** \_\_\_\_\_

If any action is brought to enforce the terms of this Agreement the prevailing party shall be entitled to its costs and reasonable attorneys' fees. Any claims arising out of this agreement will be resolved through binding arbitration using the rules of the American Arbitration Association. This agreement will remain in effect for the procedure, and all future procedures conducted by Professional. **X Initial** \_\_\_\_\_

I agree that this Agreement is binding upon me, and my heirs, legal representatives and assigns. I represent that I am over 18 years of age and that I have the right to enter this agreement, or if I am under 18 years of age, I have had my parent or legal guardian consent to this agreement and his or her relationship to me as follows: (for example, "parent") \_\_\_\_\_. By his or her signature below, next to Parent/Guardian Signature, he or she ratifies and consents to the procedure under these terms. **X Initial** \_\_\_\_\_

## UNDERSTANDING OF PRICING & CANCELLATION POLICY

I agree to the following policy regarding prices and cancellation procedures:

**Pricing (Note that special promotional prices may not be listed, and I reserve the right to change prices at any time.)**

### ☛ New Full Sets

- ☛ Russian Volume Full Set | \$225 (consult, prep & 2.5+ hrs lashing)
- ☛ Transfer Client | \$275 (removal, consult, prep & lashing)
- ☛ Mega or Textured Volume Set | \$350 (add'l 1-2 hrs lashing, if possible)
- ☛ 30-min upgrade | \$50 (new sets or fills)

### ☛ Fills

- ☛ 60-minute fill | \$95 (15 min prep + 45 min lashing)
- ☛ 90-minute fill | \$125 (15-20 min prep + 70 min lashing)

### ☛ Lower & Colored Lashes

- ☛ Lower lash extensions (classic or volume) | \$100+ (1.5 hrs)
- ☛ Lower lash extension fills | \$75/hr
- ☛ Glitter, colored, or crystal lashes | \$2 per lash

### ☛ Removal | \$50/ 30 min

### ☛ Brow Add-On | \$50/30 min shaping & tint

- ☛ Brow Maintenance | \$10-\$20 per lash fill (add lip, chin, etc., for \$5 per area; neck & face \$25/15min)

Any fill at **5 weeks and beyond:NEW FULL SET**

**You must have at least 50% of your extensions remaining to qualify for a "fill." Otherwise, you'll need to book a new full set.**

**Please allow 15-20 minutes for prep. Extra time for makeup removal will result in fewer lashes or increased cost.**

I understand that the Professional will allot 15-20 minutes to cleaning and preparing my eye area and that any additional time required for cleaning or makeup removal will either incur an additional fee, require a rebooking, or result in fewer lashes applied. I understand also that if I have not followed the care and maintenance procedures listed above, I may experience higher-than-expected lash extension loss and that the Professional may not be able to complete my fill in the time allotted.

**PLEASE BRING THIS FORM WITH YOU TO THE APPOINTMENT!!**

### Fill Appointments and Cancellation Policies

Lash extensions work best if they are filled on a regular 2-week basis. You must have at least 50% of your fans remaining to qualify for a fill; otherwise, you'll need a new set. **48 hours' cancellation notice** is required for all appointments. *Please note that to facilitate this policy, you will receive a text message 48 hours before your appointment, asking you to confirm or cancel. If you need to cancel, please do so by texting me at that time in order to avoid any charges. Otherwise, be sure to confirm. You will also receive a reminder text 24 hours in advance. A valid credit card must be on file, and:*

- Clients will be charged **100%** for missed (**no-show**) appointments.
- Clients will be charged **100%** of their service for any cancellation made **47 hours or fewer in advance**
  - **Please note that I cannot make exceptions even in cases of emergency.**
- There is **no charge** for appointment cancellations **48 hours or more** in advance
- **Clients arriving 15 or more minutes late will be treated as No-Show and charged 100% of the appointment.**

**X** Client Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For clients < 18 years old:** **X** Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_