



Skinology  
2231 Devine Street  
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Columbia, SC 29205  
(803) 764-1170  
www.skinology.biz

## Lash Lift / Tint Client Consent Form

\_\_\_\_\_ Date

\_\_\_\_\_ Name (Last, first, middle initial)

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

\_\_\_\_\_ Street address, City, ST, ZIP Code

\_\_\_\_\_ Primary phone number | Other phone number

\_\_\_\_\_ Email address:  
Subscribe to our newsletters/promos?  
 Yes  No

### Have you ever had any of the following or adverse reactions to any listed below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Skin Disorders       | <input type="checkbox"/> Inflammation of Skin                          | <input type="checkbox"/> Eye Disease                          |
| <input type="checkbox"/> Eye Infections       | <input type="checkbox"/> Eye Surgery                                   | <input type="checkbox"/> Blepharitis                          |
| <input type="checkbox"/> Watery Eyes          | <input type="checkbox"/> Hay Fever                                     | <input type="checkbox"/> Allergies                            |
| <input type="checkbox"/> Bell's Palsy         | <input type="checkbox"/> Contact Lenses                                | <input type="checkbox"/> Allergies to Latex                   |
| <input type="checkbox"/> Allergies to Acetone | <input type="checkbox"/> Pregnant/Lactating                            | <input type="checkbox"/> Taking HRT                           |
| <input type="checkbox"/> Use of Contraception | <input type="checkbox"/> Allergies to glues, adhesives, bonding agents | <input type="checkbox"/> Previous reactions to eye treatments |

If yes to any above, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications/Supplements:  
\_\_\_\_\_  
\_\_\_\_\_

Previously received lash/brow tinting, lash perming, lash extensions or semi-permanent mascara?  
 Yes  No

If yes:  
 Tinting  Lash Perm/Lift  Lash Extensions  Semi-Permanent Mascara

Did you experience any reaction to any of these treatments?:  
 Yes  No

If yes, to which service, please explain:  
\_\_\_\_\_

Did you seek medical advice from a doctor or specialist as a result of the reaction and if so, what was the advice and/or treatment?:  
\_\_\_\_\_

**TURN FOR SIGNATURE PAGE**

I request & consent to these procedures being carried out today without undergoing a sensitivity patch. The sensitivity test, which if conducted, may indicate my sensitivity or allergy to the products, I agree to contact my treatment provider in the first onset of any reactions that may occur. I understand the contents of this form and have been truthful with all my answers. I take full responsibility for my actions, thus absolving all other parties of their responsibilities, if any, associated with the supply of the products and services.

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Signature

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Date