URBAN SKIN & BROW

ELLEEBANA LASH LIFT & TINT • CLIENT CONSULTATION & CONSENT

CLIENT INFORMATION

Name: _____ Date: _____

Phone: _____ Email: _____

Date of Birth: _____ Preferred contact: _____

LASH & EYE HISTORY

Please check all that apply:

■ Contact lenses ■ Sensitive eyes ■ Watery eyes ■ Dry eyes ■ Eye allergies ■ Previous lash lift/tint

■ Lash extensions currently worn ■ Recent lash lift/tint ■ Recent eye procedure ■ None of the above

If applicable, please explain: _____

HEALTH & CONTRAINDICATION SCREENING

Have you experienced or are you currently experiencing any of the following?

■ Eye infection, inflammation, conjunctivitis, stye, or other active eye condition

■ Irritation, rash, eczema, dermatitis, or broken skin around the eyes

■ Recent eye surgery or procedure

■ Known allergy/sensitivity to hair/eyelash tint, oxidizing agents, adhesives, cosmetics, or lash-lift products

■ Previous adverse reaction to lash lift, tint, or similar products

■ Use of prescription/OTC products that may affect the eye area or skin sensitivity

■ None of the above

Medications, allergies, sensitivities, or relevant conditions you would like your esthetician to know about:

_____

PATCH TEST

A patch test is recommended/required according to the manufacturer's directions and your studio protocol before use of the relevant products. A negative patch test does not guarantee that an allergic reaction will not occur during treatment.

Patch test date: _____ Area tested: _____ Result: ■ Negative ■ Positive

If positive or if irritation occurs: treatment should not proceed. Follow product/manufacturer guidance and seek appropriate medical advice when necessary.

TREATMENT ACKNOWLEDGMENT

I understand that an Elleebana Lash Lift is designed to curl/lift the natural eyelashes and that tint is used to enhance their appearance. Results vary based on natural lash condition, growth cycle, previous treatments, product processing, and aftercare. I understand that the service is performed around the delicate eye area and that temporary redness, watering, stinging, sensitivity, dryness, irritation, uneven results, or an allergic reaction can occur. Rarely, more significant irritation or injury may occur.

I understand that my esthetician may decline, modify, or stop the service if my lashes, skin, eyes, or health history indicate that treatment is not appropriate.

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ELLEEBANA LASH LIFT & TINT • INFORMED CONSENT & AFTERCARE

RISKS & CLIENT RESPONSIBILITIES

I agree to provide complete and accurate information about allergies, sensitivities, medications, eye conditions, recent procedures, and previous reactions. I will immediately tell my esthetician if I experience burning, significant discomfort, swelling, or unusual irritation during the service. I understand that tint and lifting products must be kept away from the eye itself and that I should keep my eyes closed during the procedure as instructed.

I understand that no cosmetic treatment can guarantee a specific result. I acknowledge that results and longevity vary and that following aftercare instructions helps protect the lift and tint result.

AFTERCARE

For the first 24 hours, or according to the specific aftercare instructions provided by your esthetician/manufacturer:

- Avoid steam, sauna, swimming, excessive heat, and prolonged water exposure to the lashes.
- Avoid rubbing, pulling, or sleeping directly on the lashes when possible.
- Avoid oil-heavy products or products specifically advised against by your esthetician.
- Do not use eyelash curlers on lifted lashes.
- Follow any individualized aftercare instructions provided at your appointment.

If significant swelling, persistent burning, severe redness, discharge, vision changes, or other concerning symptoms occur, discontinue cosmetic products around the area and seek appropriate medical/healthcare advice promptly.

INFORMED CONSENT & RELEASE

By signing below, I confirm that I have read and understood this consultation and consent form. I have had the opportunity to ask questions and have received answers to my satisfaction. I voluntarily consent to an Elleebana Lash Lift and/or Tint treatment. I understand the nature of the service, expected results, possible risks, and aftercare responsibilities. I understand that I may choose not to proceed or may ask that the service be stopped at any time.

I understand that this consent does not waive rights that cannot legally be waived and that Urban Skin & Brow will perform the service using reasonable care and according to applicable professional and manufacturer guidelines.

Client signature: _____ Date: _____

Esthetician signature: _____ Date: _____

ESTHETICIAN USE ONLY

Product/system used: _____ Lift time: _____

Tint shade: _____ Tint processing: _____

Lot/batch (if recorded): _____ Patch test verified: ■ Yes ■ N/A

Lash condition / observations / adjustments / notes:

_____

_____

_____